

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037861

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** EXTREME OCEAN ADVENTURES, LLC

**Current Principal Place of Business:**

2819 NW 108 TERRACE  
SUNRISE, FL 33322

**New Principal Place of Business:**

8800 SW 49TH STREET  
COOPER CITY, FL 33328

**Current Mailing Address:**

2819 NW 108 TERRACE  
SUNRISE, FL 33322

**New Mailing Address:**

8800 SW 49TH STREET  
COOPER CITY, FL 33328

**FEI Number:** 26-4727089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RILING, ROBERT E JR.  
2819 NW 108 TERRACE  
SUNRISE, FL 33322 US

**Name and Address of New Registered Agent:**

RILING, ROBERT E JR.  
8800 SW 49TH STREET  
COOPER CITY, FL 33328 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RILING, ROBERT E JR.  
Address: 8800 SW 49TH STREET  
City-St-Zip: COOPER CITY, FL 33328

Title: MGRM  
Name: RILING, SUNNY L  
Address: 8800 SW 49TH STREET  
City-St-Zip: COOPER CITY, FL 33328

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SUNNY L. RILING

MGRM

04/30/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date