

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000071308

Entity Name: O.C.T. ADVENTURES, LLC

**FILED**  
**Aug 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1416 WOODLAND HILLS DRIVE  
ATLANTA, GA 30324

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 224  
PINELAKE, GA 30072

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

MALARET LAW FIRM, PLC  
250 N. ORANGE AVENUE  
11TH FLOOR  
ORLANDO, FL 32801 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PLATE, KATHLEEN  
Address: P.O. BOX 224  
City-St-Zip: PINELAKE, GA 30072

Title: MGRM  
Name: LEON, OBMARA  
Address: PO BOX 224  
City-St-Zip: PINE LAKE, GA 30072

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: OBMARA LEON

MGRM

08/08/2011

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