

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000074723

Entity Name: R.M. ADVENTURES, LLC

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

120 N. CENTRAL AVE.  
SUITE D  
OVIEDO, FL 32765

**New Principal Place of Business:**

119 GENEVA DRIVE  
OVIEDO, FL 32765

**Current Mailing Address:**

50 SABLE CT.  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

FEI Number: 80-0623964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POHLAD, ROBERT P  
50 SABLE CT.  
WINTER SPRINGS, FL 32708 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: POHLAD, MELISSA  
Address: 50 SABLE CT.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM  
Name: POHLAD, ROBERT P  
Address: 50 SABLE CT.  
City-St-Zip: WINTER SPRINGS, FL 32708

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: MELISSA POHLAD

MGRM

03/07/2012

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