

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000075184

Entity Name: S & P ADVENTURES, LLC

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16627 78 DR NORTH  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

16627 78 DR NORTH  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 27-3079227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JOHNSTON, STEVEN  
16627 78 DR NORTH  
PALM BEACH GARDENS, FL 33418 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: JOHNSTON, STEVEN  
Address: 16627 78 DR NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM  
Name: JOHNSTON, PAMELA  
Address: 16627 78 DR NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM  
Name: KROHN, COREY J  
Address: 16627 78 DR NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: STEVEN A JOHNSTON

PRES

04/23/2012

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