

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000124328

Entity Name: FLORIDA SCENIC TOURS, LLC

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

**Current Principal Place of Business:**

1700 66TH STREET N., SUITE 310  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

1700 66TH STREET N., SUITE 310  
SUITE 310  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

1700 66TH STREET N., SUITE 310  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

1700 66TH STREET N., SUITE 310  
SUITE 310  
ST. PETERSBURG, FL 33710

FEI Number: 27-4154807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAMKOEHLER, SHAWN C  
1700 66TH STREET N., SUITE 310  
ST. PETERSBURG, FL 33710 US

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

DAMKOEHLER, SHAWN C  
1700 66TH STREET N., SUITE 310  
SUITE 310  
ST. PETERSBURG, FL 33710 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DAMKOEHLER, SHAWN C  
Address: 1700 66TH STREET N., SUITE 310  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MGR  
Name: DAMKOEHLER, JEANNA  
Address: 1700 66TH STREET N., SUITE 310  
City-St-Zip: ST. PETERSBURG, FL 33710

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: SHAWN DAMKOEHLER

MGRM

04/30/2012

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