

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000013636

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** REMOTE WAKESKATES "LLC"

**Current Principal Place of Business:**

1629 LAKE AVE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1629 LAKE AVE  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 27-4833236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

THURMAN, SILAS R  
1629 LAKE AVE  
CLERMONT, FL 34711 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:** THURMAN, SILAS R  
**Address:** 1629 LAKE AVE  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** MGRM  
**Name:** HORAN, BENJAMIN C  
**Address:** 40 VERONA H LANE  
**City-St-Zip:** Nahunta, GA 31553

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:** SILAS THURMAN

MGRM

01/04/2012

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