

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 16, 2005 8:00 am
Secretary of State**

04-20-2005 90028 010 ****50.00

DOCUMENT # M04000001861

1. Entity Name
ADVENTURE SERVICES, LLC



Principal Place of Business
**1688 WEST AVENUE, #1003
MIAMI BEACH, FL 33139**

Mailing Address
**1688 WEST AVENUE, #1003
MIAMI BEACH, FL 33139**

DO NOT WRITE IN THIS SPACE



03312005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0095585

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COULTER, BRIAN
1688 WEST AVENUE, #1003
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
COULTER, BRIAN
1688 WEST AVENUE, #1003
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
FOX, MINDI
1688 WEST AVENUE, #1003
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
STARK, TROY
1688 WEST AVENUE, #1003
MIAMI BEACH, FL 33139**

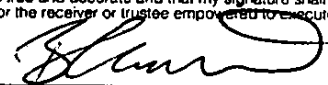
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
EKSTRAND, MARSHALL
1688 WEST AVENUE, #1003
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **BRIAN COULTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/12/05 (305) 673 2512
Date Daytime Phone #