

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019710

Entity Name: SKYCOASTER OF FLORIDA, LLC**Current Principal Place of Business:**2850 FLORIDA PLAZA BLVD
KISSIMMEE, FL 34746**Current Mailing Address:**5700 FUN SPOT WAY
ORLANDO, FL 32819 US**FEI Number: 32-0067625****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARIE, JOHN B
5700 FUN SPOT WAY
ORLANDO, FL 32819 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_____
Date**Authorized Person(s) Detail :**

Title MGRM
Name FUN SPOT OF FLORIDA, INC.
Address 5700 FUN SPOT WAY
City-State-Zip: ORLANDO FL 32819

Title VP, COO
Name ARIE, JOHN B JR.
Address 2850 FLORIDA PLAZA BLVD
City-State-Zip: KISSIMMEE FL 34746

Title SECRETARY
Name ROCK, TERRI M
Address 5700 FUN SPOT WAY
City-State-Zip: ORLANDO FL 32819

Title VP, CFO
Name WALTON, TINA
Address 5700 FUN SPOT WAY
City-State-Zip: ORLANDO FL 32819

Title VP
Name ARIE, MARK
Address 5700 FUN SPOT WAY
City-State-Zip: ORLANDO FL 32819

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TERRI ROCK**CORPORATE
SECRETARY****02/26/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date