## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000018552

Entity Name: POSEIDON ADVENTURES, LLC

**Current Principal Place of Business:** 

8870 N HIMES AVE

328

TAMPA, FL 33614

**Current Mailing Address:** 

8870 N. HIMES AVE.

#328

CLEARWATER, FL 33762

FEI Number: 45-4600368 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRISON & KIRKLAND, PA 1206 MANATEE AVENUE WEST BRADENTON, FL 34201 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: ROBERT W. HENDRICKSON,III,ESQ 02/09/2016

Electronic Signature of Registered Agent

Date

FILED Feb 09, 2016

**Secretary of State** 

CC2656165442

Authorized Person(s) Detail:

Title MGR Title MGR

Name BAUMAN, ROBB Name BAUMAN, RON

Address 1901 ULMERTON ROAD Address 1901 ULMERTON ROAD

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title MGR Title MGR

Name BAUMAN, MICHAEL Name CANNON, JOHN

Address 1901 ULMERTON ROAD Address 1901 ULMERTON ROAD

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail