

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000075707

Entity Name: MISADVENTURES, LLC

Current Principal Place of Business:

935 NW 197TH AVE.
PEMBROKE PINES, FL 33029

Current Mailing Address:

P.O. BOX 298607
PEMBROKE PINES, FL 33029

FEI Number: 27-2913204

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULDI, SARA
935 NW 197TH AVE.
PEMBROKE PINES, FL 33029 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 GULDI, CHRISTOPHER
Address 935 NW 197TH AVE.
City-State-Zip: PEMBROKE PINES FL 33029

Title MGRM
Name GULDI, SARA
Address 935 NW 197TH AVE.
City-State-Zip: PEMBROKE PINES FL 33029

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: SARA GULDI

MGRM

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date