

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000028067

Entity Name: EXTRA ADVENTURES, LLC

Current Principal Place of Business:

669 SOUTHWEST NICHOLS TERRACE
PORT ST. LUCIE, FL 34953

Current Mailing Address:

669 SOUTHWEST NICHOLS TERRACE
PORT ST. LUCIE, FL 34953 US

FEI Number: 46-4877510

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKER, DAVID H
340 ROYAL POINCIANA WAY
321
PALM BEACH, FL 33480 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	MGR	Title	AUTHORIZED REPRESENTATIVE, VP
Name	LINGEN, KANDICE C	Name	LINGEN, BENJAMIN
Address	669 SOUTHWEST NICHOLS TERRACE	Address	669 SOUTHWEST NICHOLS TERRACE
City-State-Zip:	PORT ST. LUCIE FL 34953	City-State-Zip:	PORT ST. LUCIE FL 34953

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: BENJAMIN LINGEN

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date