

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000209010

**Entity Name:** ADVENTURES ENABLED LLC

**Current Principal Place of Business:**

1041 CROWN PARK CIRCLE  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

1041 CROWN PARK CIRCLE  
WINTER GARDEN, FL 34787 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RABOUD, RONALD  
1041 CROWN PARK CIRCLE  
WINTER GARDEN, FL 34787 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  
Name RABOUD, RONALD  
Address 1041 CROWN PARK CIRCLE  
City-State-Zip: WINTER GARDEN FL 34787

Title AMBR  
Name DENHAM, CHRISTOPHER  
Address POST OFFICE BOX 11367  
City-State-Zip: CHANDLER AZ 85248

Title AMBR  
Name DENHAM, COURTNEY  
Address 16851 EAST PARKWAY AVENUE,  
SUITE 101  
City-State-Zip: FOUNTAIN HILLS AZ 85268

Title AMBR  
Name WILLIAMS, JACK  
Address 1041 CROWN PARK CIRCLE  
City-State-Zip: WINTER GARDEN FL 34787

Title AMBR  
Name AMOS, JAMES  
Address 25011 SOUTH HAVEN ROAD  
City-State-Zip: MT. HOPE KS 67108

*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:** RONALD RABOUD

**MEMBER**

**06/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date