

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000000809

Entity Name: A CLEVER ADVENTURE, LLC

Current Principal Place of Business:

450-106 SR13N BOX 103
ST. JOHNS, FL 32259

Current Mailing Address:

450-106 SR13N BOX 103
ST. JOHNS, FL 32259 US

FEI Number: 82-3876162

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANTAL, HOLLY
450-106 SR13N BOX 103
ST. JOHNS, FL 32259 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	MANAGER
Name	ANTAL, MICHAEL	Name	ANTAL, HOLLY M
Address	450-106 SR13N BOX 103	Address	450-106 SR13N BOX 103
City-State-Zip:	ST. JOHNS FL 32259	City-State-Zip:	ST. JOHNS FL 32259

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: HOLLY ANTAL

MANAGER

02/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date