

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000004591

Entity Name: 545 ADVENTURES LLC

Current Principal Place of Business:

5783 NW DUBLIN DR
PORT ST. LUCIE, FL 34986

Current Mailing Address:

PO BOX 12103
FORT PIERCE, FL 34979 US

FEI Number: 82-4025960

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRATON, JOHN W
5783 NW DUBLIN DR
PORT ST. LUCIE, FL 34986 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 AMBR
Name CRATON, JOHN W
Address 5783 NW DUBLIN DR
City-State-Zip: PORT ST. LUCIE FL 34986

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: JOHN CRATON

MR

02/07/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date