

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000161684

Entity Name: ARMADA EXPERIENCE, LLC

Current Principal Place of Business:

6000 PENINSULAR AVE
KEY WEST, FL 33040

Current Mailing Address:

PO BOX 92
KEY WEST, FL 33041

FEI Number: 36-4913335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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: BILL HAVRE

02/13/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name THE PETROV FAMILY IRREVOCABLE
TRUST
Address PO BOX 92
City-State-Zip: KEY WEST FL 33041

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: RYAN STONE

MANAGER

02/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date