

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000310245

**Entity Name:** AMERICAN OFFSHORE ADVENTURES LLC

**Current Principal Place of Business:**

914 NORTH EAST THIRD STREET  
CARRABELLE, FL 32322

**Current Mailing Address:**

P.O. BOX 1159  
CARRABELLE, FL 32322 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MERRELL, THOMAS O JR  
914 NORTH EAST THIRD STREET  
CARRABELLE, FL 32322 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           MANAGER  
Name           MERRELL, THOMAS JR.  
Address        P.O. BOX 1159  
City-State-Zip: CARRABELLE FL 32322

*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:** THOMAS MERRELL

**OWNER**

**02/06/2024**

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

\_\_\_\_\_ Date