

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000009799

**FILED**  
**Aug 19, 2012**  
**Secretary of State**

**Entity Name:** MITCHELL ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

561 S ANN PT  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

**Current Mailing Address:**

561 S ANN PT  
INVERNESS, FL 34450 US

**New Mailing Address:**

**FEI Number:** 32-3581673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MITCHELL, THOMAS W  
561 S ANN PT  
INVERNESS, FL 34450 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: OWNE  
Name: MITCHELL, THOMAS W  
Address: 561 S ANN PT  
City-St-Zip: INVERNESS, FL 34450

Title: MGR  
Name: MITCHELL, RHONDA J  
Address: 561 S ANN PT  
City-St-Zip: INVERNESS, FL 34450

Title: TREA  
Name: WALTERS, CODIE H  
Address: 561 S ANN PT  
City-St-Zip: INVERNESS, FL 34450

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: THOMAS W MITCHELL

OWNE

08/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date