

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122250

Entity Name: MINDFIRE PRESS, LLC**Current Principal Place of Business:**2614 VISTA COVE RD
ST AUGUSTINE, FL 32084**Current Mailing Address:**PO BOX 149
ST AUGUSTINE, FL 32085 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEVASSEUR, ROBERT E
2614 VISTA COVE RD
ST AUGUSTINE, FL 32084 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
Name	LEVASSEUR, ROBERT E
Address	PO BOX 149
City-State-Zip:	ST AUGUSTINE FL 32085

Title	MGR
Name	FOX, DONNA K
Address	PO BOX 149
City-State-Zip:	ST AUGUSTINE FL 32085

Title	MGR
Name	MORIN, JUDY
Address	26 CHICKADEE LN
City-State-Zip:	KENNEBUNK ME 04043

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: ROBERT E LEVASSEUR**REGISTERED AGENT****01/05/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date