2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2014
Secretary of State
CC6139291344

DOCUMENT# L08000001689

Entity Name: TIGER ENCOUNTER AND REHABILITATION SANCTUARY, LLC

Current Principal Place of Business:

3465 MAEBERT ROAD
MIMS, FL 32754

Current Mailing Address:

3495 MAEBERT ROAD
MIMS, FL 32754

FEI Number: 26-2953181

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOELKE, JOHN W
3495 MAEBERT ROAD
MIMS, FL 32754 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	MGRM
Name	LECLAIR, BRIAN
Address	3465 MAEBERT ROAD
City-State-Zip:	MIMS FL 32754

Title	MGR
Name	BOELKE, JOHN W
Address	3495 MAEBERT ROAD
City-State-Zip:	MIMS FL 32754

Title	MGR
Name	LECLAIR, SHARON
Address	3465 MAEBERT ROAD
City-State-Zip:	MIMS FL 32754

Title	MGRM
Name	BOELKE, JENNIFER C
Address	3495 MAEBERT ROAD
City-State-Zip:	MIMS FL 32754

Title	MGR
Name	HUDSON, CATHY
Address	3665 BURKHOLM RPAD
City-State-Zip:	MIMS FL 32754

Title	MGRM
Name	BARNETT, JAMES
Address	3050 CHEROKEE ROAD
City-State-Zip:	SAINT CLOUD FL 34772

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 W. BOELKE REGISTERED AGENT 04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date