

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101157

**Entity Name:** SEPHIROT, LLC

**Current Principal Place of Business:**

10209 NW 209TH LANE  
ALACHUA, FL 32615

**Current Mailing Address:**

PO BOX 1166  
ALACHUA, FL 32616

**FEI Number:** 45-3159148

**Certificate of Status Desired:** No

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

MUETING, ANN M  
10209 NW 209TH LANE  
ALACHUA, FL 32615 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	Title	MGRM
Name	MUETING, ANN M	Name	STANTON, BRIAN R
Address	10209 NW 209TH LANE	Address	10209 NW 209TH LANE
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	ALACHUA FL 32615

*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:** ANN MUETING

**MANAGER**

**03/19/2018**

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

\_\_\_\_\_  
Date