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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGR

SIGNATURE: LINDA PARROTT

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000044019 Entity Name: WATER LILIES BAKERY & COFFEE SHOP, LLC

Current Principal Place of Business:

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

16937 LAKESIDE DRIVE MONTVERDE, FL 34756

Current Mailing Address:

PO BOX 560352 MONTVERDE, FL 34756 US

FEI Number: 45-4922239

Name and Address of Current Registered Agent:

PARROTT, LINDA J 16937 LAKESIDE DRIVE MONTVERDE, FL 34756 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	PARROTT, LINDA J	Name	PETRIE, CINDY L
Address	PO BOX 560389	Address	PO BOX 560141
City-State-Zip:	MONTVERDE FL 34756	City-State-Zip:	MONTVERDE FL 34756

Certificate of Status Desired: No

FILED Apr 13, 2013 Secretary of State CC1946269697

Date

04/13/2013 Date