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 s	ame legal effect as if made under
oath; that I am a managing member or manager of the limited liability company or the receive	r 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 JERRY A ZAK	MBR	10/08/2017

SIGNATURE: JERRY A. ZAK

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE:

#### Authorized Person(s) Detail :

Title	MBR	Title	MBR
Name	ZAK, TERESA	Name	ZAK, JERRY A
Address	110 FOXHALL LANE	Address	110 FOXHALL LANE
City-State-Zip:	PALM COAST FL 32137	City-State-Zip:	PALM COAST FL 32137

# 2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

#### DOCUMENT# L14000130616

Entity Name: ANCIENT MIST LIMITED LIABILITY COMPANY

### **Current Principal Place of Business:**

110 FOXHALL LANE PALM COAST, FL 32137

### **Current Mailing Address:**

**110 FOXHALL LANE** PALM COAST. FL 32092

### FEI Number: 47-1662369

## Name and Address of Current Registered Agent:

ZAK, JERRY A 110 FOXHALL LANE PALM COAST, FL 32137 US

Electronic Signature of 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.

Certificate of Status Desired: No

Secretary of State CC2483823954

Date

FILED Oct 08, 2017

Date