

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000130616

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC9980393412**

**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

**Certificate of Status Desired:** No

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

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

*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:** TERESA ZAK

**MANAGER**

**04/24/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date