

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000157209

**Entity Name:** SECRETS OF THE EVERGLADES LLC

**Current Principal Place of Business:**

1530 WHITEHALL DR.  
#106  
DAVIE, FL 33324

**FILED**  
**May 03, 2015**  
**Secretary of State**  
**CC7730912314**

**Current Mailing Address:**

1530 WHITEHALL DR.  
#106  
DAVIE, FL 33324 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

RIFFLE, CHARLES  
1530 WHITEHALL DR.  
#106  
DAVIE, FL 33324 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 AMBR  
Name RIFFLE, JAMES  
Address 5511 SW 164TH TERRACE  
City-State-Zip: SOUTHWEST RANCHES FL 33331

Title AMBR  
Name RIFFLE, CHARLES  
Address 1530 WHITEHALL DR. #106  
City-State-Zip: DAVIE FL 33324

Title AMBR  
Name RIFFLE, GEORGE  
Address 6460 SW 13TH STREET  
City-State-Zip: PLANTATION FL 33317

Title AMBR  
Name RIFFLE, ANDREW  
Address 2741 NE 11TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33064

*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: CHARLES RIFFLE**

**DIRECTOR OF  
OPERATIONS**

**05/03/2015**

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

\_\_\_\_\_  
Date