

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000135163

**Entity Name:** 7.12 ENTERPRISE, LLC

**Current Principal Place of Business:**

1969 HARDEE ST.  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

1969 HARDEE ST.  
JACKSONVILLE, FL 32209

**FEI Number:** 83-0792202

**Certificate of Status Desired:** No

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

MINCEY, BYRON  
1969 HARDEE ST.  
JACKSONVILLE, FL 32209 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 AR  
Name MINCEY, BYRON  
Address 1969 HARDEE ST.  
City-State-Zip: JACKSONVILLE FL 32209

Title AR  
Name MINCEY, DANIELLE  
Address 1969 HARDEE ST.  
City-State-Zip: JACKSONVILLE FL 32209

*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:** BYRON MINCEY

AR

04/21/2019

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

\_\_\_\_\_  
Date