2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2008
Secretary of State

DOCUMENT# L01000017094

Entity Name: EXOTIC ENCOUNTERS, LLC

Current Principal Place of Business:

4755 N. KENANSVILLE RD
SAINT CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

PO BOX 52
KENANSVILLE, FL 34739

New Mailing Address:

4755 N. KENANSVILLE RD
SAINT CLOUD, FL 34772

FEI Number: 60-0001412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WAGNER, STEPHEN P
4755 N. KENANSVILLE RD
SAINT CLOUD, FL 34773 US

Name and Address of New 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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WAGNER, STEPHEN P
Address: 4755 N KENANSVILLE RD
City-St-Zip: ST. CLOUD, FL 34774

Title: MRGM ( ) Delete
Name: DORTHY, THOMPSON D
Address: 4755 N KENANSVILLE RD
City-St-Zip: SAINT CLOUD, FL 34773

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: STEPHEN WAGNER MR 07/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date