

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000017094

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Entity Name:** EXOTIC ENCOUNTERS, LLC

**Current Principal Place of Business:**

4755 N KENANSVILLE RD  
SAINT CLOUD, FL 34773

**New Principal Place of Business:**

**Current Mailing Address:**

50 BROUSSARD RD  
SAINT CLOUD, FL 34773

**New Mailing Address:**

**FEI Number:** 60-0001412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAGNER, STEPHEN P  
50 BROUSSARD 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  
**Name:** WAGNER, STEPHEN P  
**Address:** 4755 N KENANSVILLE RD  
**City-St-Zip:** ST. CLOUD, FL 34774

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

**Title:** MGRM  
**Name:** WAGNER, KELLY L  
**Address:** 50 BROUSSARD RD  
**City-St-Zip:** SAINT CLOUD, FL 34773 US

I hereby 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

03/27/2011

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