

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019088

FILED
Apr 20, 2006
Secretary of State

Entity Name: ENCOREHR, LLC

Current Principal Place of Business:

8950 DR ML KING ST N.
#190
ST PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

8950 DR ML KING ST N.
#190
ST PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 06-1640035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAWLS, KATHLEEN D
8950 DR. ML KING ST. N.
#190
ST PETERSBURG, FL 33702 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: MGRM () Delete
Name: RUSSELL, TIMOTHY L JR
Address: 8950 DR. ML KING ST N. #190
City-St-Zip: ST. PETERSBURG, FL 33702 US

Title: MGRM () Delete
Name: RUSSELL, KAREN I
Address: 8950 DR. ML KING ST. N., #190
City-St-Zip: ST. PETERSBURG, FL 33702 US

Title: MGRM () Delete
Name: RAWLS, KATHLEEN D
Address: 8950 DR. ML KING ST N., #190
City-St-Zip: ST. PETERSBURG, FL 33702 US

ADDITIONS/CHANGES:

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

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 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: KATHLEEN RAWLS

MGRM

04/20/2006

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