

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90129 014 \*\*\*138.75

**DOCUMENT # L02000019088**

1. Entity Name  
**ENCOREHR, LLC**



Principal Place of Business  
**8950 DR ML KING ST N.  
#190  
ST PETERSBURG, FL 33702**

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

**60027487**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

**06-1640035**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAWLS, KATHLEEN D  
8950 DR. ML KING ST. N.  
#190  
ST PETERSBURG, FL 33702**

Name **G. KRISTIN DELANO**

Street Address (P.O. Box Number is Not Acceptable)

**360 CENTRAL AVENUE, SUITE 1560**

City **ST. PETERSBURG**

**FL**

Zip Code  
**33701**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**G. KRISTIN DELANO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-17-08**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **RUSSELL, TIMOTHY L JR**  
STREET ADDRESS **8950 DR. ML KING ST N. #190**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **RUSSELL, KAREN I**  
STREET ADDRESS **8950 DR. ML KING ST. N., #190**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **RAWLS, KATHLEEN D**  
STREET ADDRESS **8950 DR. ML KING ST N., #190**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 D. Rawls*

**KATHLEEN D. RAWLS**

**MGRM**

**4/21/08**

**727-520-7676**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #