

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000016484

**Entity Name:** ELKINS ENTERPRISES, LLC

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

15827 NE PEDDIE STREET  
HOSFORD, FL 32334

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 213  
HOSFORD, FL 32334

**New Mailing Address:**

**FEI Number:** 20-0709250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELKINS, MICHELLE E  
15827 NE PEDDIE STREET  
HOSFORD, FL 32334 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:** MRGM  
**Name:** ELKINS, MICHELLE E  
**Address:** 15827 NE PEDDIE STREET  
**City-St-Zip:** HOSFORD, FL 32334

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: MICHELLE E. ELKINS

MRGM

03/12/2012

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