

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # **LQ 5000036532**

1. Entity Name

utopian Suites Enterprise, LLC



DO NOT WRITE IN THIS SPACE

FILED
07 MAY -1 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

10505 Valentine Rd So.
Suite, Apt. #, etc.

3. Mailing Address

10505 Valentine Rd So. BK
Suite, Apt. #, etc.

CR2E083B (8/05)

City & State

Tallahassee FL

City & State

Tallahassee, FL

4. FEI Number

Applied for

Applied For

Not Applicable

Zip

32317

Country

USA

Zip

32317

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Teresa A. Edwards

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

10505 Valentine Rd So.

City

Tallahassee

FL

Zip Code

32317

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IN THIS SPACE**

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

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**mgr
Teresa A. Edwards
10505 Valentine Rd South
Tallahassee FL 32317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**200101629622
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Teresa A. Edwards
Teresa A. Edwards

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

Date

4-30-07 850-556-1265

Daytime Phone #