

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000101489

1. Entity Name
EPIPHANY ENTERPRISES, LLC



Principal Place of Business
**372 BAILEY STREET
BOCA GRANDE, FL 33921**

Mailing Address
**P.O. BOX 202
BOCA GRANDE, FL 33921**



04202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3785381

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURCH, JENNIFER
P.O. BOX 202
372 BAILY STREET
BOCA GRANDE, FL 33921**

**DO NOT WRITE
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 (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BURCH, KENNETH L
STREET ADDRESS	P.O. BOX 202
CITY- ST- ZIP	BOCA GRANDE, FL 33921
TITLE	MGRM
NAME	BURCH, JENNIFER C
STREET ADDRESS	P.O. BOX 202
CITY- ST- ZIP	BOCA GRANDE, FL 33921
TITLE	MGRM
NAME	MILLER, BRUCE
STREET ADDRESS	4106 ARNOLD AVE.
CITY- ST- ZIP	NAPLES, FL 34104
TITLE	MGRM
NAME	MILLER, CHERYL
STREET ADDRESS	4106 ARNOLD AVE.
CITY- ST- ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/24/07-80058-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

Jennifer Burch

4/30/07

941
964-0485