

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2008 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**



02072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3785381	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

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

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	

U00000834025
02/28/08-80036-004 138.75

**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 #

**941-
2/14/08 964-0485**