

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000020689

1. Entity Name
THE ENCHANTED FOREST L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 4:20

Principal Place of Business
3015 16TH STREET NORTH
ST. PETERSBURG, FL 33704

Mailing Address
3015 16TH STREET NORTH
ST. PETERSBURG, FL 33704

2. Principal Place of Business - No P.O. Box #
3015 16th St. N.
Suite, Apt. #, etc.

3. Mailing Address
3015 16th St. N.
Suite, Apt. #, etc.



07052007 Chg-LLC CR2E083 (12/06)

City & State
St. Petersburg FL
Zip 33704 Country USA

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St. Petersburg FL
Zip 33704 Country USA

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWER, CARMEN
515 33RD AVENUE NORTH
ST. PETERSBURG, FL 33704

7. Name and Address of New Registered Agent

Name
ALVIA E MERCER
Street Address (P.O. Box Number is Not Acceptable)
2945 20th St. N.
City St. Petersburg FL Zip Code 33704

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 *Alvia E. Mercer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *7/18/07*

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWER, CARMEN 515 33 RD AVE. NORTH ST. PETE, FL 33704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCER, ALVIA 2945 20 TH STREET NORTH SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	300106502133 07/20/07--01035--006 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.