


**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

For Office Use Only

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**STATE TAX DEPARTMENT
DIVISION OF CORPORATIONS**

11 JUN - 1 PM 3:33

DOCUMENT # <u>LC6000060616</u>	
1. Entity Name <u>ENABLING RESOURCES LLC</u>	

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2. Principal Place of Business - No P.O. Box # <u>5231 Pine Tree Rd</u>	3. Mailing Address <u>same</u>
Suite, Apt. #, ect.	Suite, Apt. #, ect.
City & State <u>Parkland, FL</u>	City & State
Zip <u>33067</u>	Country <u>USA</u>

300207761643
05/17/11--01008--017 **138.75
CR2E083B (1/11)

6. DO NOT WRITE IN THIS SPACE	4. FEI Number <u>14-196-8154</u>	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <u>Spiegel & Utrera, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1840 SW 22ND ST</u> <u>4th Floor</u> City <u>Midmi</u> FL Zip Code <u>33145</u>	

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

May 23, 2011
DATE

January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address

info@EnablingResources.com
To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Managing Member Lynn M. Klein 5231 Pine Tree Road Parkland, FL 33067</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10.

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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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817, F.S.

SIGNATURE: _____

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

Lynn M. Klein

May 23, 2011 954-303-4873
Date Daytime Phone

B Tadlock

JUN 02 2011