

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000009799

**Entity Name:** MITCHELL ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

561 S ANN PT  
INVERNESS, FL 34450

**Current Mailing Address:**

561 S ANN PT  
INVERNESS, FL 34450 US

**FEI Number: 32-3581673**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MITCHELL, THOMAS W  
561 S ANN PT  
INVERNESS, FL 34450 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OWNE  
Name MITCHELL, THOMAS W  
Address 561 S ANN PT  
City-State-Zip: INVERNESS FL 34450

Title MGR  
Name MITCHELL, RHONDA J  
Address 561 S ANN PT  
City-State-Zip: INVERNESS FL 34450

Title OTHER  
Name ANDRUS, DAVE R  
Address 561 S ANN PT  
City-State-Zip: INVERNESS FL 34450

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RHONDA J MITCHELL**

**MGR**

**03/31/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date