

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000050825

**Entity Name:** CHRIS FULLER ENTERPRISES, LLC

**Current Principal Place of Business:**

900 BAY DRIVE UNIT 47  
NICEVILLE, FL 32578

**Current Mailing Address:**

900 BAY DRIVE UNIT 47  
NICEVILLE, FL 32578

**FEI Number: 45-1059536**

**Certificate of Status Desired: No**

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

FULLER, CHRIS  
900 BAY DRIVE, UNIT 47  
NICEVILLE, FL 32578 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 MGRM  
Name FULLER, CHRIS  
Address 900 BAY DRIVE, UNIT 47  
City-State-Zip: NICEVILLE FL 32578

*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: CHRIS FULLER**

**MANAGING MEMBER**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date