

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000187148

**Entity Name:** QUIVER FULL ENTERPRISES, LLC

**Current Principal Place of Business:**

13900 COUNTY ROAD 455  
SUITE 107 #350  
CLERMONT, FL 34711

**Current Mailing Address:**

13900 COUNTY ROAD 455  
SUITE 107 #350  
CLERMONT, FL 34711 US

**FEI Number:** 46-5218548

**Certificate of Status Desired:** No

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

WOODS, TARA  
13900 COUNTY ROAD 455  
SUITE 107 #350  
CLERMONT, FL 34711 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            CEO  
Name            WOODS, TARA  
Address        13900 COUNTY ROAD 455, SUITE 107  
                  #350  
City-State-Zip: CLERMONT FL 34711

Title            MGR  
Name            WOODS, CHRISTOPHER  
Address        13900 COUNTY ROAD 455, SUITE 107  
                  #350  
City-State-Zip: CLERMONT FL 34711

Title            MGR  
Name            HALL, J. L  
Address        13900 COUNTY ROAD 455, SUITE 107  
                  #350  
City-State-Zip: CLERMONT FL 34711

Title            MGR  
Name            WOODS, A S  
Address        13900 COUNTY ROAD 455, SUITE 107  
                  #350  
City-State-Zip: CLERMONT FL 34711

Title            MGR  
Name            WOODS, G H  
Address        13900 COUNTY ROAD 455, SUITE 107  
                  #350  
City-State-Zip: CLERMONT FL 34711

Title            MGR  
Name            WOODS, A C  
Address        13900 COUNTY ROAD 455, SUITE 107  
                  #350  
City-State-Zip: CLERMONT FL 34711

*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:** TARA WOODS

**CEO**

**04/30/2021**

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

\_\_\_\_\_  
Date