

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