

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000393167

**Entity Name:** MITCHELLS EXPERIENCE LLC

**Current Principal Place of Business:**

22845 PORT ROYAL LN  
CUDJOE KEY, FL 33042

**Current Mailing Address:**

22845 PORT ROYAL LN  
CUDJOE KEY, FL 33042 US

**FEI Number: 86-1483092**

**Certificate of Status Desired: No**

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

MITCHELL, STEVE  
22845 PORT ROYAL LN  
CUDJOE KEY, FL 33042 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: STEVE MITCHELL**

**05/08/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MITCHELL, ZACH  
Address 22845 PORT ROYAL LN  
City-State-Zip: CUDJOE KEY FL 33042

Title MGR  
Name MITCHELL, BREY  
Address 22845 PORT ROYAL LN  
City-State-Zip: CUDJOE KEY FL 33042

Title MGR  
Name MITCHELL, STEVE  
Address 22845 PORT ROYAL LN  
City-State-Zip: CUDJOE KEY FL 33042

Title MGR  
Name MITCHELL, LUCRECTIA  
Address 22845 PORT ROYAL LN  
City-State-Zip: CUDJOE KEY FL 33042

Title MGR  
Name STOUT, BROOKE  
Address 22845 PORT ROYAL LN  
City-State-Zip: CUDJOE KEY FL 33042

*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: STEVE MITCHELL**

**MGR**

**05/08/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date