I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am a managing member or manager of the limited liability company or the receiver or true		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: DEBRA RICHARDS	OWNER	04/14/2024

OWNER

SIGNATURE: DEBRA RICHARDS

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

12 ATLANTIC OAKS CIRCLE В ST. AUGUSTINE, FL 32080

FEI Number: 88-2496872

Name and Address of Current Registered Agent:

RICHARDS, DEBRA 12 ATLANTIC OAKS CIRCLE В ST. AUGUSTINE, FL 32080 US

SIGNATURE: Electronic Signature of Registered Agent

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.

Authorized Person(s) Detail :	Authorized	Person(s)	Detail :
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Title	MGR	Title	OWNER
Name	RICHARDS, GREGORY	Name	RICHARDS , DEBRA
Address	12 B ATLANTIC OAKS CIRCLE	Address	12 ATLANTIC OAKS CIRCLE B
City-State-Zip:	ST. AUGUSTINE FL 32080	City-State-Zip:	ST. AUGUSTINE FL 32080

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000226039

Entity Name: A MERMAIDS PURSE, LLC

Current Principal Place of Business:

12 ATLANTIC OAKS CIRCLE ST. AUGUSTINE, FL 32080

1536955554CC

Certificate of Status Desired: No

FILED Apr 14, 2024

Secretary of State

Date