

**2023 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

**Current Mailing Address:**

12 ATLANTIC OAKS CIRCLE  
B  
ST. AUGUSTINE, FL 32080

**FEI Number:** 88-2496872

**Certificate of Status Desired:** No

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

RICHARDS, DEBRA  
12 ATLANTIC OAKS CIRCLE  
B  
ST. AUGUSTINE, FL 32080 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 MGR  
Name RICHARDS, GREGORY  
Address 12 B ATLANTIC OAKS CIRCLE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title OWNER  
Name RICHARDS , DEBRA  
Address 12 ATLANTIC OAKS CIRCLE  
B  
City-State-Zip: ST. AUGUSTINE FL 32080

*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:** DEBRA RICHARDS

**OWNER**

**03/08/2023**

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

\_\_\_\_\_  
Date