

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000010379

**Entity Name:** ENCHANTED ADVENTURES, LLC

**Current Principal Place of Business:**

33 HOLLY DR.  
LEOLA, PA 17540

**Current Mailing Address:**

33 HOLLY DR.  
LEOLA, PA 17540 US

**FEI Number:** 47-5116914

**Certificate of Status Desired:** No

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

SWEROCK, BECCA  
201 STARFISH ROAD  
MARY ESTHER, FL 32569 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            OWNR  
Name            BUTLER, HEATHER  
Address        33 HOLLY DR.  
City-State-Zip: LEOLA PA 17540

*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:** BUTLER, HEATHER

**OWNER**

**05/01/2023**

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

\_\_\_\_\_ Date