

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014364

Entity Name: FREEDOM BOAT CLUB LLC

Current Principal Place of Business:

897 EAST VENICE AVE.
VENICE, FL 34285

Current Mailing Address:

897 EAST VENICE AVE.
VENICE, FL 34285 US

FEI Number: 16-1663457

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED AGENT GROUP INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 MEMBER
Name OUTDOOR DELAWARE, LLC,
FREEDOM
Address 897 EAST VENICE AVE.
City-State-Zip: VENICE FL 34285

Title PRESIDENT
Name COHN, CECIL VICTOR
Address 897 EAST VENICE AVE.
City-State-Zip: VENICE FL 34285

Title VP
Name WARD, SCOTT RUSSELL
Address 26125 N. RIVERWOODS BLVD.
#500
City-State-Zip: METTAWA IL 60045

Title CFO
Name NAVDEEP, ANAND
Address 897 EAST VENICE AVE.
City-State-Zip: VENICE FL 34285

Title SECRETARY
Name WENZ, AMY
Address 26125 N. RIVERWOODS BLVD.
#500
City-State-Zip: METTAWA IL 60045

Title ASSISTANT SECRETARY
Name FORAN, JULIANNE
Address BRUNSWICK CORPORATION
26125 N. RIVERWOODS BLVD., SUITE
500
City-State-Zip: METTAWA IL 60045-4811

Title VP, GENERAL MANAGER
Name LEVINE, JONATHAN ADAM
Address 897 EAST VENICE AVE.
City-State-Zip: VENICE IL 34285

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: FREEDOM OUTDOOR DELAWARE, LLC

MEMBER, BY TOBIAS
SHOEMAKER,
ATTORNEY-IN-FACT

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date