

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100924

Entity Name: DROP SHOT, L.L.C.

Current Principal Place of Business:

463 17TH AVE. S.
NAPLES, FL 34102

Current Mailing Address:

463 17TH AVE. S.
NAPLES, FL 34102

FEI Number: 20-3617088

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON, GORDON RII
463 17TH AVE. S.
NAPLES, FL 34102 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 MGRM
Name WATSON, GORDON RII
Address 463 17TH AVE. S.
City-State-Zip: NAPLES FL 34102

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: GORDON R. WATSON, II

MGRM

01/27/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date