

**2016 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

03/10/2016

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

\_\_\_\_\_  
Date