

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000087456

**Entity Name:** HEADHUNTERS TROPHY WEAR, LLC

**Current Principal Place of Business:**

9222 BRINDLEWOOD DRIVE  
RICEHUNTER5@AOL.COM  
ODESSA, FL 33556

**Current Mailing Address:**

P.O. BOX 195  
ODESSA, FL 33556

**FEI Number:** 27-0925407

**Certificate of Status Desired:** No

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

ROBIN, CHRISTIAN ESQ  
37512 SKYRIDGE CIR.  
DADE CITY, FL 33525 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 RICE, JIMMIE D  
Address 9222 BRINDLEWOOD DRIVE  
City-State-Zip: ODESSA FL 33556

*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:** JIMMIE D RICE

**MANGER /OWNER**

**04/22/2016**

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

\_\_\_\_\_  
Date