

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000097371

**Entity Name:** APALACH OUTFITTERS, LLC

**Current Principal Place of Business:**

32 AVENUE D  
APALACHICOLA, FL 32320

**Current Mailing Address:**

32 AVENUE D  
APALACHICOLA, FL 32320 US

**FEI Number:** 27-1076820

**Certificate of Status Desired:** No

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

MORGAN, THOMAS M  
189 AVENUE B  
APALACHICOLA, FL 32320 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 MORGAN, THOMAS M  
Address 189 AVENUE B  
City-State-Zip: APALACHICOLA FL 32320

*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:** THOMAS MORGAN

**OWNER**

**02/20/2017**

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

\_\_\_\_\_ Date