

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000019804

**Entity Name:** TNT OUTFITTERS LLC

**Current Principal Place of Business:**

3400 NW 43RD PLACE  
BELL, FL 32619

**Current Mailing Address:**

PO BOX 236  
BELL, FL 32619

**FEI Number:** 27-1956236

**Certificate of Status Desired:** No

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

THOMPSON, SHAWN  
3400 NW 43RD PLACE  
BELL, FL 32619 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	Title	MGRM
Name	THOMPSON, SHAWN	Name	THOMAS, CHAD
Address	PO BOX 236	Address	PO BOX 236
City-State-Zip:	BELL FL 32619	City-State-Zip:	BELL FL 32619

*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:** CHAD THOMAS

**MANAGER**

**03/08/2018**

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

\_\_\_\_\_  
Date