

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000095758

**Entity Name:** 10,000 ISLANDS OUTFITTERS, LLC

**Current Principal Place of Business:**

C/O PAUL NOCIFORA  
4440 ROBIN AVE  
NAPLES, FL 34104

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**3116960047CC**

**Current Mailing Address:**

C/O PAUL NOCIFORA  
4440 ROBIN AVE  
NAPLES, FL 34104 US

**FEI Number:** 45-3183327

**Certificate of Status Desired:** No

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

CLASP, INC.  
3001 TAMiami TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103 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           MGR  
Name            NOCIFORA, PAUL  
Address        C/O PAUL NOCIFORA  
                  4440 ROBIN AVE  
City-State-Zip: NAPLES FL 34104

*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:** PAUL M NOCIFORA

**MEMBER**

**04/18/2019**

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

\_\_\_\_\_  
Date