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:	PERRY ROBINSON			01/16/2016
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MR	Title	MARKETING DIRECTOR	
Name	ROBINSON, PERRY	Name	SCHERRER, CHRISTINE	

Address

City-State-Zip:

2688 TREANOR TERRACE WELLINGTON, FL 33414

DOCUMENT# L12000124614

Entity Name: AFTER THE SHOOT LLC

**Current Principal Place of Business:** 

## **Current Mailing Address:**

2688 TREANOR TERRACE WELLINGTON. FL 33414 US

## FEI Number: 38-3894907

## Name and Address of Current Registered Agent:

2688 TREANOR TERRACE

City-State-Zip: WELLINGTON FL 33414

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

ROBINSON, PERRY 2688 TREANOR TERRACE WELLINGTON, FL 33414 US

Title Name Address

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: PERRY ROBINSON

OWNER

01/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

## FILED Jan 16, 2016 Secretary of State CC2487426526

Certificate of Status Desired: No

2688 TREANOR TERRACE

WELLINGTON FL 33414