DOCUMENT # L03000021668       Secretary         1. Enbity Name TANGLED LINES OUTFITTERS, LLC       Image: Construction of Business       Secretary         Principal Place of Business       Mailing Address PO BOX 3096 WINTER HAVEN, FL       Mailing Address         2. Principal Place of Business       3. Mailing Address       Image: Construction of Business       Image: Construction of Business         Suite, Apt #, etc.       Suite, Apt #, etc.       01212005       Chg-LLC       CR2E083 (10, CR2E083	08:00 AM
1154 HAVENDALE BOULEVARD       PO BOX 3096 WINTER HAVEN, FL         2. Principal Place of Business       3. Mailing Address         Suite, Apt #, etc.       01212005         City & State       01212005         City & State       4. FEI Number 57-1172055         Zip       Country         State and Address of Current Registered Agent       7. Name and Address of New Registered Agent         STRAUGHN, RICHARD E ESQ 255 MAGNOLIA AVENUE       Name         WINTER HAVEN, FL 33880       Street Address (P.O. Box Number is Not Acceptable)	of State
Suite, Apt #, etc.       01212005       Chg-LLC       CR2E083 (10, 01212005)         City & State       4. FEI Number 57-1172055       5.         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$5.00         Straught, Richard address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         STRAUGHN, RICHARD E ESQ       255 MAGNOLIA AVENUE       Street Address (P.O. Box Number is Not Acceptable)         WINTER HAVEN, FL 33880       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)	
City & State       City & State       4. FEI Number 57-1172055       5. Certificate of Status Desired       \$\$5.00 Fee Re         Country       Zip       Country       5. Certificate of Status Desired       \$\$5.00 Fee Re         STRAUGHN, RICHARD E ESQ 255 MAGNOLIA AVENUE       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)	
Zip     Country     Zip     Country     5. Certificate of Status Desired     \$5.00       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     \$5.00       STRAUGHN, RICHARD E ESQ     255 MAGNOLIA AVENUE     Street Address (P.O. Box Number is Not Acceptable)       WINTER HAVEN, FL 33880     Street Address (P.O. Box Number is Not Acceptable)	03)
Zip     Country     Zip     Country     5. Certificate of Status Desired     \$5.00       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     Registered Agent       STRAUGHN, RICHARD E ESQ     255 MAGNOLIA AVENUE     Street Address (P.O. Box Number is Not Acceptable)       WINTER HAVEN, FL 33880     Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable
6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent       STRAUGHN, RICHARD E ESQ     Name       255 MAGNOLIA AVENUE     Street Address (P.O. Box Number is Not Acceptable)       WINTER HAVEN, FL 33880	Additional
STRAUGHN, RICHARD E ESQ 255 MAGNOLIA AVENUE WINTER HAVEN, FL 33880	
WINTER HAVEN, FL 33880	
City FL Zip	
	Code
8. 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. I am familiar the obligations of registered agent.	with, and accept
SIGNATURE	
Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	
TITLE     MGRM     Delete     TIFLE     Chr.       NAME     SWAIN, BRIAN K     NAME     U00000318715       STREET ADDRESS     PO BOX 3096     STREET ADDRESS     04/20/05~80070~011       CITY-ST-ZIP     WINTER HAVEN, FL 33885     CITY-ST-ZIP	
TITLE MGRM Delete TITLE Char NAME SWAIN, ANDREW K NAME STREET ADDRESS PO BOX 3096 STREET ADDRESS	inge 🔲 Addition
CITY-ST-ZP     WINTER HAVEN, FL 33885     CITY-ST-ZP       TITLE     MGRM     Delete     Title       NAME     FARRAH, WILLIAM T     NAME       STREET ADDRESS     3601 CYPRESS GARDENS ROAD     STREET ADDRESS	inge 🔲 Addilion
CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLE Delate TITLE Characteristic ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	inge 🔲 Addition
TITLE Delete TTLE Cha NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	nge 🗌 Addition
TITLE Delete TITLE Che NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	nge 🗋 Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or ma limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	the Information
SIGNATURE: Brian K. Swain 4-15-05 (863)29 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, ON AUTHORIZED REPRESENTATIVE Data Data	nager of the