

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000021668**

1. Entity Name  
**TANGLED LINES OUTFITTERS, LLC**



Principal Place of Business  
**1154 HAVENDALE BOULEVARD  
WINTER HAVEN, FL**

Mailing Address  
**PO BOX 3096  
WINTER HAVEN, FL 33885**



01182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1172055**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STRAUGHN, RICHARD E ESQ  
255 MAGNOLIA AVENUE  
WINTER HAVEN, FL 33880**

**DO NOT WRITE  
IN THIS SPACE**

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 with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000875813  
04/11/08-80033-014 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SWAIN, BRIAN K
STREET ADDRESS	PO BOX 3096
CITY-ST-ZIP	WINTER HAVEN, FL 33885
TITLE	MGRM
NAME	SWAIN, ANDREW K
STREET ADDRESS	PO BOX 3096
CITY-ST-ZIP	WINTER HAVEN, FL 33885
TITLE	MGRM
NAME	FARRAH, WILLIAM T
STREET ADDRESS	3601 CYPRESS GARDENS ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-27-08