

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90160 042 ****50.00

DOCUMENT # L04000002628

1. Entity Name

SOPPCHOPPY OUTFITTERS OF THE BIG BEND, LLC



Principal Place of Business

POST OFFICE BOX 99
SOPCHOPPY FL 32358

Mailing Address

POST OFFICE BOX 99
SOPCHOPPY FL 32358



2. Principal Place of Business

14 Winthrop Ave

Suite, Apt. #, etc.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

Sopchoppy, FL

City & State

1

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32358

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOWALCHYK, DEAN C
1538 METROPOLITAN
SUITE B-2
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

David E. Pierce

Street Address (P.O. Box Number is Not Acceptable)

PO BOX 99

1430 Buckhorn Crk Rd

32358

City

Sopchoppy, FL

FL

Zip Code

32358

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)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME PIERCE, DAVID
STREET ADDRESS POST OFFICE BOX 99
CITY-ST-ZIP SOPCHOPPY FL 32358

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

David E. Pierce

David E. Pierce

3/26/5

850 528 -

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

Date

Daytime Phone #

1650