

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90089 027 ****50.00

DOCUMENT # L04000042220

1. Entity Name

OUTPOST, LLC



Principal Place of Business —
**2505 ENTERPRISE ROAD
CLEARWATER FL 33763-1100**

Mailing Address
**2505 ENTERPRISE ROAD
CLEARWATER FL 33763-1100**

2. Principal Place of Business

466 CAUSEWAY BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

DUNEDIN, FL

City & State

4. FEI Number

54-2156094

Applied For

Not Applicable

Zip

34698

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCARTHY, EUGENE J
2505 ENTERPRISE ROAD
CLEARWATER FL 33763-1100**

Name

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

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 with, and accept the obligations of registered agent.

SIGNATURE

Eugene J. McCarthy

(NOTE: Registered Agent signature required when reinstating)

01-25-2006

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MCCARTHY, EUGENE J**
CITY-ST-ZIP **2505 ENTERPRISE ROAD
CLEARWATER FL 33763-1100**

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MC DANIEL, KIMBERLY D.**
CITY-ST-ZIP **2505 ENTERPRISE ROAD
CLEARWATER FL 33763**

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MC CARTHY, KEVIN E.**
CITY-ST-ZIP **2505 ENTERPRISE ROAD
CLEARWATER FL 33763**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 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: Eugene J. McCarthy EUGENE J. MCCARTHY 01-25-2006 (727) 3652872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #