

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025180

FILED
Jan 26, 2009
Secretary of State

Entity Name: WHITE OAK OUTFITTERS, LLC

Current Principal Place of Business:

545 LE MASTER DRIVE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

545 LE MASTER DRIVE
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 20-2540210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
554 LOMAX STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCAFEE, MICHAEL A
Address: 233 6TH AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGR () Delete
Name: MOORE, CHARLEY S
Address: 545 LE MASTER DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGR () Delete
Name: SURFACE, DAVID
Address: 1511 AVONDALE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MGR () Delete
Name: MOORE, PETER S
Address: 545 LE MASTER DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHARLEY S MOORE

MGR

01/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date