

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000043465

**FILED**  
**Jan 30, 2007**  
**Secretary of State**

**Entity Name:** IRON HORSE OUTFITTERS LLC

**Current Principal Place of Business:**

964 CANDLEBARK DR  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

964 CANDLEBARK DR  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 20-8180245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHOLZ, DONNA  
10151 DEERWOOD PARK BLVD.  
BLDG 200, STE 400  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

SCHOLZ, DONNA  
4651 SALSBURY RD  
STE 300  
JACKSONVILLE, FL 32256 US

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:** DONNA SCHOLZ

01/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SCHOLZ, GARY  
**Address:** 964 CANDLEBARK DR  
**City-St-Zip:** JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** GARY SCHOLZ

MGR

01/30/2007

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