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Secretary of State

03-24-2008 90239 027 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000101828

1. Entity Name
IN & OUT DOOR COMPANY L.L.C.

30004320

03102008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
2520 MYRICA ROAD WEST PALM BEACH, FL 33406 US	2520 MYRICA ROAD WEST PALM BEACH, FL 33406 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1513 Royal Forest Court	1513 Royal Forest Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33406 Country: USA	Zip: 33406 Country: USA

4. FEI Number: 20-5624803 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, MICHAEL J
2520 MYRICA ROAD
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1513 Royal Forest Court

City West Palm Beach FL Zip Code 33406

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 X MICHAEL J. Jacobs x [signature] 3 21 08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBS, MICHAEL J 2520 MYRICA ROAD WEST PALM BEACH, FL 33406	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL J. JACOBS 1513 Royal Forest Court West Palm Beach, FL 33406	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] Michael J. Jacobs 3 21 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #