

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000079114

FILED  
Jun 30, 2008  
Secretary of State

Entity Name: NORTH WEST FLORIDA OUTDOOR SERVICES LLC

**Current Principal Place of Business:**

16 JEFFERSON PLACE  
FORT WALTON BEACH, FL 32549

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 117  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

FEI Number: 26-1277186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHRISTENSEN, PAUL A  
235 LAFITTE CRESCENT  
FORT WALTON BEACH, FL 32547 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: MGRM ( ) Delete  
Name: CHRISTENSEN, PAUL A  
Address: 235 LAFITTE CRESCENT  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM ( ) Delete  
Name: GERE, LYN M  
Address: 40 OLDE CYPRESS CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM ( ) Delete  
Name: GERR, CHRIS  
Address: 40 OLD CYPRESS CIR  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHRISTENSEN, PAUL A P.  
Address: 235 LAFITTE CRESCENT  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM (X) Change ( ) Addition  
Name: GERE, LYN M V.P  
Address: 40 OLDE CYPRESS CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM (X) Change ( ) Addition  
Name: LILLY, JAMES R S.O.T  
Address: 41 SILVA DR.  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM ( ) Change (X) Addition  
Name: STUNTZ, DEVAN L S.O.O  
Address: 235 LAFITTE CRESCENT  
City-St-Zip: FORT WALTON BCH, FL 32547

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: PAUL CHRISTENSEN

MGRM

06/30/2008

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