

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079114

FILED
Jan 21, 2010
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:

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

FEI Number: 26-1277186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

CHRISTENSEN, PAUL A
248 LIVE OAK LANE
FORT WALTON BEACH, FL 32548 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: PAUL A CHRISTENSEN

01/21/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CHRISTENSEN, PAUL A P.
Address: 248 LIVE OAK LANE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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

Title: MGRM
Name: CHRISTENSEN, TREVOR A S.O.T
Address: 248 LIVE OAK LANE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM
Name: STUNTZ, DEVAN L S.O.O
Address: 248 LIVE OAK LANE
City-St-Zip: FORT WALTON BCH, FL 32547 US

I hereby 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 A CHRISTENSEN

PRES

01/21/2010

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