

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000112152

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** TIGHT LINES GOOD TIMES, LLC

**Current Principal Place of Business:**

806 HOOD AVE.  
ALFORD, FL 32420

**New Principal Place of Business:**

661 N LONG STREET  
PORT ST JOE, FL 32456

**Current Mailing Address:**

P O BOX 161  
PORT ST JOE, FL 32457

**New Mailing Address:**

661 N LONG STREET  
PORT ST JOE, FL 32456

**FEI Number:** 77-0706806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LITTLE, WILLIAM  
806 HOOD AVE.  
ALFORD, FL 32420 US

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

LITTLE, WILLIAM  
661 N LONG STREET  
PORT ST JOE, FL 32456 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: WILLIAM LITTLE

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LITTLE, CYNTHIA  
Address: 661 N LONG STREET  
City-St-Zip: PORT ST JOE, FL 32456

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: CYNTHIA LITTLE

MGRM

04/29/2011

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