

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003870

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** OUTBOARD, SKI AND ATV SERVICES, LLC

**Current Principal Place of Business:**

1730 NW 6TH AVE  
GAINESVILLE, FL 32603

**New Principal Place of Business:**

101 SE 10TH PL  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1730 NW 6TH AVE  
GAINESVILLE, FL 32603

**New Mailing Address:**

7910 SW 202ND ST  
ARCHER, FL 32618

FEI Number: 26-1739624      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CARSON, JAMES W  
1730 NW 6TH AVE  
GAINESVILLE, FL 32603      US

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

CARSON, JAMES W  
7910 SW 202ND ST  
ARCHER, FL 32618      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: \_\_\_\_\_

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CARSON, JAMES W  
Address: 1730 NW 6TH AVE  
City-St-Zip: GAINESVILLE, FL 32603

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: CARSON, JAMES W  
Address: 7910 SW 202ND ST  
City-St-Zip: ARCHER, FL 32618

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: WYATT CARSON

MGRM

05/01/2009

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