

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000006574

Entity Name: ST. MARKS OUTFITTERS LLC

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

719 PORT LEON DR  
ST MARKS, FL 32355

**New Principal Place of Business:**

721 PORT LEON DR  
ST MARKS, FL 32355

**Current Mailing Address:**

PO BOX 94  
ST MARKS, FL 32355

**New Mailing Address:**

FEI Number: 26-1876433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCNAMARA, MICHAEL A  
6382 FITZ LANE  
TALLAHASSEE, FL 32311 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  
Name: MCNAMARA, MICHAEL A  
Address: 6382 FITZ LANE  
City-St-Zip: TALLAHASSEE, FL 32311

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: MICHAEL MCNAMARA

MGRM

01/26/2011

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