

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000093023

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** KATYDID FISHING PRODUCTS, LLC

**Current Principal Place of Business:**

4200 ELDORADO DRIVE  
INDIAN LAKE ESTATES, FL 33855 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7870  
INDIAN LAKE ESTATES, FL 33855 US

**New Mailing Address:**

**FEI Number:** 27-0999135      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOUPE, JOYCE L  
4200 ELDORADO DRIVE  
INDIAN LAKE ESTATES, FL 33855 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: MR  
Name: LOUPE, RICHARD N  
Address: 4200 ELDORADO DRIVE  
City-St-Zip: INDIAN LAKE ESTATES, FL 33855 US

Title: MRS  
Name: LOUPE, JOYCE L  
Address: 4200 ELDORADO DRIVE  
City-St-Zip: INDIAN LAKE ESTATES, FL 33855 US

Title: MR  
Name: GLINSKI, KENNETH F  
Address: 8433 LIMONIA DRIVE  
City-St-Zip: INDIAN LAKE ESTATES, FL 33855 US

Title: MRS  
Name: GLINSKI, SALLY C  
Address: 8433 LIMONIA DRIVE  
City-St-Zip: INDIAN LAKE ESTATES, FL 33855 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: JOYCE L LOUPE

MRS

01/03/2011

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