# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 05, 2010**
**Secretary of State**

DOCUMENT# L09000095439

**Entity Name:** TRADITIONAL AMERICAN OUTFITTERS , LLC

**Current Principal Place of Business:**

1101 MARCUS CT
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

1101 MARCUS CT
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

FORD, CLARK
1101 MARCUS CT
WINTER SPRINGS, FL 32708 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: FORD, CLARK
Address: 1101 MARCUS CT
City-St-Zip: WINTER SPRINGS, FL 32708 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 Statues.

SIGNATURE: CLARK FORD MGRM 03/05/2010

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