

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000014582

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** WHITE HORSE OUTFITTER, LLC

**Current Principal Place of Business:**

7550 S.W. 90TH AVE.  
BUSHNELL, FL 33513 US

**New Principal Place of Business:**

**Current Mailing Address:**

7550 S.W. 90TH AVE.  
BUSHNELL, FL 33513 US

**New Mailing Address:**

P.O. BOX 108  
NOBLETON, FL 34661 US

**FEI Number:** 27-1875599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACKENZIE, BARBARA S  
7550 S.W. 90TH AVE.  
BUSHNELL, FL 33513 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:** MACKENZIE, BARBARA S  
**Address:** 7550 S.W. 90TH AVE.  
**City-St-Zip:** BUSHNELL, FL 33513

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: BARBARA S. MACKENZIE

MGRM

04/04/2012

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