

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000019804

Entity Name: TNT OUTFITTERS LLC

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3400 NW 43RD PLACE  
BELL, FL 32619

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 236  
BELL, FL 32619

**New Mailing Address:**

FEI Number: 27-1956236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMPSON, SHAWN  
3400 NW 43RD PLACE  
BELL, FL 32619 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: THOMPSON, SHAWN  
Address: PO BOX 236  
City-St-Zip: BELL, FL 32619

Title: MGRM  
Name: THOMAS, CHAD  
Address: PO BOX 236  
City-St-Zip: BELL, FL 32619

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: CHAD THOMAS

MGRM

02/13/2012

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