2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

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Entity Name: SKYLINE OUTFITTERS, LLC

Current Principal Place of Business:

2722 SKYLINE BLVD., UNIT 1
CAPE CORAL, FL 33914

New Principal Place of Business:

11300 LINDBERGH BLVD.
SUITE 103
FORT MYERS, FL 33913

Current Mailing Address:

2722 SKYLINE BLVD., UNIT 1
CAPE CORAL, FL 33914

New Mailing Address:

11300 LINDBERGH BLVD.
SUITE 103
FORT MYERS, FL 33913

FEI Number: 27-2775531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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: PAPA, CATHERINE A
Address: 4160 STEAMBOAT BEND EAST #104
City-St-Zip: FT. MYERS, FL 33919

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: CATHERINE A. PAPA MGRM 04/27/2011

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