

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070917

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** OPERATION OUTPOST, LLC

**Current Principal Place of Business:**

3029 ESPLANADE DRIVE  
TRINITY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

3029 ESPLANADE DRIVE  
TRINITY, FL 34655

**New Mailing Address:**

**FEI Number:** 27-2985038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JASON, LAURIE J  
3029 ESPLANADE DRIVE  
TRINITY, FL 34655 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:** JASON, DAVID D  
**Address:** 3029 ESPLANADE DRIVE  
**City-St-Zip:** TRINITY, FL 34655

**Title:** MGRM  
**Name:** PIATTI, BRENT M  
**Address:** 606 INDEPENDENCE LANE  
**City-St-Zip:** WAUSAU, WI 54403

**Title:** MGR  
**Name:** JASON, LAURIE J  
**Address:** 3029 ESPLANADE DRIVE  
**City-St-Zip:** TRINITY, FL 34655

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:** LAURIE J JASON

MGR

02/28/2011

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