

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000071522

FILED  
Aug 29, 2011  
Secretary of State

**Entity Name:** SWAMP HONKY OUTFITTERS, LLC

**Current Principal Place of Business:**

196 HILLIARDVILLE ROAD  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

196 HILLIARDVILLE ROAD  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

FEI Number: 27-2976539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MCALPIN, JUDSON  
196 HILLIARDVILLE ROAD  
CRAWFORDVILLE, FL 32327 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: MCALPIN, JUDSON  
Address: 196 HILLIARDVILLE ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: MGRM  
Name: MCALPIN, MICHELE  
Address: 196 HILLIARDVILLE ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327 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 Statutes.

SIGNATURE: JUDSON E. MCALPIN JR.

MGRM

08/29/2011

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