

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000109287

Entity Name: XTREME OUTFITTERS LLC

**FILED**  
**Nov 04, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

7611 JACKSON SPRINGS RD  
TAMPA, FL 33615 US

## **New Principal Place of Business:**

5915 MEMORIAL HWY  
SUITE 120  
TAMPA, FL 33615 US

## **Current Mailing Address:**

7611 JACKSON SPRINGS RD  
TAMPA, FL, 33615 US

## **New Mailing Address:**

5915 MEMORIAL HWY  
SUITE 120  
TAMPA, FL 33615 US

FEI Number: 27-3703979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DENT, JAMIE L  
7611 JACKSON SPRINGS RD  
TAMPA, FL 33615 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: JAMIE DENT

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DENT, JAMIE L  
Address: 7611 JACKSON SPRINGS RD  
City-St-Zip: TAMPA, FL 33615 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: JAMIE DENT

MGR

11/04/2011

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