

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000122507

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** ANDERSON'S OUTDOOR ADVENTURES,LLC

**Current Principal Place of Business:**

4060 SW COUNTY RD 232  
BELL, FL 32619

**New Principal Place of Business:**

**Current Mailing Address:**

4060 SW COUNTY RD 232  
BELL, FL 32619

**New Mailing Address:**

**FEI Number:** 45-3698726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, CHARLES P  
4060 SW COUNTY RD 232  
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:** ANDERSON, CHARLIES P  
**Address:** 4060 SW COUNTY ROAD 232  
**City-St-Zip:** BELL, FL 32619

**Title:** MGRM  
**Name:** SPILLERS, PAUL G  
**Address:** 868 HIATT RD  
**City-St-Zip:** WINCHESTER, VA 22603

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:** CHARLES P. ANDERSON

MGRM

03/26/2012

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