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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2013

SUZANNE MARICLE  
17975 89TH PL N  
LOXAHATCHEE, FL 33470

SUBJECT: SHOOT-DA-GATOR SPORTSMAN'S T'S LLC  
Ref. Number: L13000057098

We have received your document for SHOOT-DA-GATOR SPORTSMAN'S T'S LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 313A00026618

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHOOT - DA - GATOR SPORTSMAN'S T'S  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUZANNE MARICLE  
Name of Person

SHOOT - DA - GATOR SPORTSMAN'S T'S  
Firm/Company

17975 89th PL N  
Address

LOXAHATCHIE RE 33470  
City/State and Zip Code

OUTFITTERS@SHOOT-DA-GATOR.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUZANNE MARICLE at (904) 236 6332  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*See only file*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: STEWART-DAVIDSON SPORTSMENS TS
2. (a) Principal office address of limited liability company: 17975 Eggleston Rd N  
LOX FL 33470  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: \_\_\_\_\_  
(Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_

3. Date of filing/registration in Florida: 04/18/13
4. Document number: L13000057098

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

DAVID T MARBLE

Registered Office Address:

17975 Eggleston Rd N  
LOX FL 33470

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent:

SUZANNE MARBLE

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

17975 Eggleston Rd N  
LOX FL 33470

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member of authorized representative of a member

SUZANNE MARBLE  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00