Applied For

Not Applicable

DOCUMENT #

L99000006845

1. Entity Name

SANIBEL WILDLIFE T-SHIRTS, L.L.C.

Principal Place of Business

Mailing Address

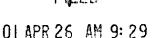
City & State

2070 ANDREA LANE, STE. I FT. MYERS FL 33912

City & State

2070 ANDREA LANE, STELL FT. MYERS FL 33912

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.



SECRETARY OF STATE ALEAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

65-0957086

Zip	Country	Zip	Country	5. Certificate of Status Desired		\$5.00 Additional Fee Required	1	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
		<i>;</i>	Name	( )	~~~		٠,	
SCANLAN, BRIAN J 2070 ANDREA LANE, STE. I		Street Address (P.O. Box Number is Not Acceptable)						
FT. MYERS		.•						
		•	City			Zip Code		

8. 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, typed or printed name of registered agent and title if applicable.

(NOTi: Registered Agent signature required when reinstating)

FILE N W!!! FEE IS \$50.00 Make Check Payable to Department of State

4. FEI Number

-05/17/01--01019--002 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9.	MANAGING MEMBERS/MEMBERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESCANLAN, BRIAN J 2070 ANDREA LANE, STE. I FT. MYERS FL 33912	elete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ D <sub>1</sub>	elete TITLE  NAME  STREET ADDRESS  CITY-ST-2IP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ D	elete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	☐ Addition
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TITLE NAME STREET ADDRESS	□ D	elete TITLE NAME STREET ADDRESS	☐ Change	☐ Addition

I hereby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

CITY-ST-ZIP

CITY-ST-ZIP