

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

04-12-2007 90181 026 ****50.00

DOCUMENT # M06000002772			
1. Entity Name SELL-HUNDT OUTFITTERS, LLC			
Principal Place of Business 13321 POLO CLUB ROAD C103 WELLINGTON, FL 33414		Mailing Address 13321 POLO CLUB ROAD C103 WELLINGTON, FL 33414	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State #300097125	
Zip	Country	Zip	Country
4. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNDT, MICHELE K 13321 POLO CLUB ROAD C103 WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Manager NAME Michele Hundt STREET ADDRESS 13321 Polo Club Rd C103 CITY-ST-ZIP Wellington, FL 33414		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE Manager NAME Betsy Sell STREET ADDRESS 3420 Shade Rd CITY-ST-ZIP Beth on 44333		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE member NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
SIGNATURE: Michele Hundt		Date 4/25/07 5613912121	