

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # M97000000737

1. Entity Name

ISLAMORADA FISH COMPANY, L.L.C.



Principal Place of Business

81532 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036

Mailing Address

2500 E. KEARNEY
SPRINGFIELD, MO 65898



02262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

43-1765611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BASS PRO OUTDOOR WORLD, LLC
STREET ADDRESS 2500 E. KEARNEY
CITY-ST-ZIP SPRINGFIELD, MO 65898

TITLE MGR
NAME MILLER, TONI
STREET ADDRESS 2500 E. KEARNEY
CITY-ST-ZIP SPRINGFIELD, MO 65898

TITLE MGR
NAME HAGALE, JIM
STREET ADDRESS 2500 E. KEARNEY
CITY-ST-ZIP SPRINGFIELD, MO 65898

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/17/07-80018-004 50.00

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IN THIS SPACE**

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:

Toni M. Miller

Toni M. Miller 2-28-07 417 873-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #