

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000095758

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** 10,000 ISLANDS OUTFITTERS, LLC

**Current Principal Place of Business:**

C/O PAUL NOCIFORA  
550 PORT-O-CALL WAY  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PAUL NOCIFORA  
550 PORT-O-CALL WAY  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 45-3183327      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CLASP, INC.  
3001 TAMiami TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103 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:** MGR  
**Name:** NOCIFIORA, PAUL  
**Address:** 550 PORT-O-CALL WAY  
**City-St-Zip:** NAPLES, FL 34102

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: SALLY PITLYK      AGNT      04/30/2012

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