

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000005246

**Entity Name:** TRADITION OUTFITTERS, LLC

**Current Principal Place of Business:**

401 EAST LAS OLAS BLVD STE 800  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

PO BOX 39000  
FT LAUDERDALE, FL 33303 US

**FEI Number:** 06-1718734

**Certificate of Status Desired:** No

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

GRELLE, JOHN K  
401 EAST LAS OLAS BLVD STE 800  
FT LAUDERDALE, FL 33301 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name CORE COMMUNITIES, LLC  
Address PO BOX 39000  
City-State-Zip: FT LAUDERDALE FL 33303

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN K. GRELLE

CFO

04/23/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date