

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000091020

**Entity Name:** ANNA MARIA ISLAND OUTFITTERS LLC

**Current Principal Place of Business:**

401 PINE AVENUE  
ANNA MARIA, FL 34216

**Current Mailing Address:**

P.O. BOX 525  
ANNA MARIA, FL 34216 US

**FEI Number: 27-4517949**

**Certificate of Status Desired: No**

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

TRAVES, STEPHEN C  
401 PINE AVENUE  
ANNA MARIA, FL 34216 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	Title	MGRM
Name	TRAVES, STEPHEN C	Name	LEVITT, YETTA
Address	P.O. BOX 310	Address	P.O. BOX 310
City-State-Zip:	CORTEZ FL 34215	City-State-Zip:	CORTEZ FL 34215

*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: STEPHEN C. TRAVES**

**MGRM**

**01/03/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date