

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000162172

Entity Name: SWAMP MOUNTAIN OUTFITTERS, LLC

Current Principal Place of Business:

1235 S 82ND STREET
TAMPA, FL 33619

Current Mailing Address:

1235 S 82ND STREET
TAMPA, FL 33619 US

FEI Number: 46-1722161

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAY, DAVID
1235 S 82ND STREET
TAMPA, FL 33619 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	MANAGER	Title	MANAGER
Name	FAY, DAVID	Name	FAY, PAMELA A
Address	1235 S 82ND STREET	Address	1235 S 82ND STREET
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619

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: DAVID FAY

MGR

01/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date