#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000162172

Entity Name: SWAMP MOUNTAIN OUTFITTERS, LLC

FILED
Apr 05, 2024
Secretary of State
2598104668CC

## **Current Principal Place of Business:**

7107 WILLIAMS ROAD SEFFNER. FL 33584

## **Current Mailing Address:**

7107 WILLIAMS ROAD UNIT B SEFFNER, FL 33584 US

FEI Number: 46-1722161 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

KELESKE, JOSHUA T. 3333 W. KENNEDY BLVD 104 TAMPA, FL 33609 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: JOSHUA T. KELESKE 04/05/2024

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title PRESIDENT Title VP

 Name
 FAY, DAVID E
 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.

Electronic Signature of Signing Authorized Person(s) Detail