

**2016 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:** PAMELA FAY

**MANAGER**

**03/10/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date