

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000012033

**Entity Name:** RIGHTEOUS OUTFITTERS, LLC**Current Principal Place of Business:**10842 STANDING STONE DR  
WIMAUMA, FL 33598**Current Mailing Address:**10842 STANDING STONE DR  
WIMAUMA, FL 33598 US**FEI Number:** 47-2882855**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALTON, ANTONIO  
10842 STANDING STONE DR  
WIMAUMA, FL 33598 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:** ANTONIO WALTON

01/16/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OWNER/MGR  
Name VAN DALEN, SUZANNE M  
Address 10842 STANDING STONE DR  
City-State-Zip: WIMAUMA FL 33598

Title OWNER/MGR  
Name VAN DALEN, AARON T  
Address 10842 STANDING STONE DR  
City-State-Zip: WIMAUMA FL 33598

Title PRINCIPLE OWNER/MGR  
Name WALTON, ANTONIO  
Address 10842 STANDING STONE DR  
City-State-Zip: WIMAUMA FL 33598

Title OWNER/MGR  
Name WALTON, LEONTIN T  
Address 10842 STANDING STONE DR  
City-State-Zip: WIMAUMA FL 33598

Title AUTHORIZED MEMBER  
Name SHAH JAHAMIAN, TADEH  
Address 10842 STANDING STONE DR  
City-State-Zip: WIMAUMA FL 33598

*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:** ANTONIO WALTON

PRINCIPAL OWNER

01/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date