

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000014045

Entity Name: PATHFINDER SHIRTS LLC

Current Principal Place of Business:

865 SUNSHINE LN
SUITE 105
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

865 SUNSHINE LN
SUITE 105
ALTAMONTE SPRINGS, FL 32714

FEI Number: 47-2905018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACCOUNTING CENTER OF ORLANDO LLC
1150 WEST STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714 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 MGR
Name LILLARD, KAREN A
Address 507 S EDGEMON AVE
City-State-Zip: WINTER SPRINGS FL 32708

Title MGR
Name LILLARD, MICHAEL E
Address 507 S. EDGEMON AVE
City-State-Zip: WINTER SPRINGS FL 32708

Title MGR
Name LILLARD, JENISSE A
Address 11401 MARGE WAY
City-State-Zip: TAMPA FL 33637

Title MGR
Name LILLARD, JEFFREY D
Address 507 S EDGEMON AVE
City-State-Zip: WINTER SPRINGS FL 32708

Title MGR
Name LILLARD, BRIAN
Address 7737 DOE RUN
City-State-Zip: ORLANDO FL 32810

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: KAREN LILLARD

MGR

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date