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.

MGR

SIGNATURE: MICHAEL SCHMIDT

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000153257

Entity Name: ANGLER'S CHOICE FLIES LLC

Current Principal Place of Business:

3 CEDAR DUNES DRIVE NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

3 CEDAR DUNES DRIVE NEW SMYRNA BEACH. FL 32169

FEI Number: 45-4011546

Name and Address of Current Registered Agent:

SCHMIDT, MICHAEL **3 CEDAR DUNES DRIVE** NEW SMYRNA BEACH, FL 32169 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

Authorized Person(s) Detail :

Title	AMBR	Title	MGR
Name	SCHMIDT, MICHAEL	Name	SCHMIDT, MICHAEL
Address	3 CEDAR DUNES DRIVE	Address	3 CEDAR DUNES DRIVE
City-State-Zip:	NEW SMYRNA BEACH FL 32169	City-State-Zip:	NEW SMYRNA BEACH FL 32169

FILED Apr 25, 2016

Secretary of State

CC1149071047

Certificate of Status Desired: No

Date

04/25/2016

Date

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT