

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000233901

**Entity Name:** BUCKBILLFISH OUTFITTERS, LLC**Current Principal Place of Business:**3501B N PONCE DE LEON BLVD PMB 396  
ST AUGUSTINE, FL 32084**Current Mailing Address:**3501B N PONCE DE LEON BLVD PMB 396  
ST AUGUSTINE, FL 32084 US**FEI Number:** 46-3129201**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLAZIER, GLAZIER & DIETRICH, P.A.  
8833 PERIMETER PARK BLVD.  
SUITE 1002  
JACKSONVILLE, FL 32216 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:** SCOTT L. GLAZIER

11/04/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                    |                 |                                    |
|-----------------|------------------------------------|-----------------|------------------------------------|
| Title           | MGR, PRESIDENT                     | Title           | SECRETARY                          |
| Name            | STRICKLAND, D. MATTHEW             | Name            | STRICKLAND, TARA                   |
| Address         | 3501B N PONCE DE LEON BLVD PMB 396 | Address         | 3501B N PONCE DE LEON BLVD PMB 396 |
| City-State-Zip: | ST AUGUSTINE FL 32084              | City-State-Zip: | ST AUGUSTINE FL 32084              |
| Title           | VP                                 | Title           | VP                                 |
| Name            | HOOK, CHAD                         | Name            | JOHNSON, REES                      |
| Address         | 3501B N PONCE DE LEON BLVD PMB 396 | Address         | 3501B N PONCE DE LEON BLVD PMB 396 |
| City-State-Zip: | ST AUGUSTINE FL 32084              | City-State-Zip: | ST AUGUSTINE FL 32084              |
| Title           | VP                                 |                 |                                    |
| Name            | CASTLE, ANDREW                     |                 |                                    |
| Address         | 3501B N PONCE DE LEON BLVD PMB 396 |                 |                                    |
| City-State-Zip: | ST AUGUSTINE FL 32084              |                 |                                    |

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:** D. MATTHEW STRICKLAND**MANAGER**

11/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date