

2025 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

07/01/2025

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	TAYLOR, JACOB		
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**OWNER**

07/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date