

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000025077

**Entity Name:** FLORIDA NATIVE OUTFITTERS, LLC

**Current Principal Place of Business:**

6516 4TH LN  
VERO BEACH, FL 32968

**Current Mailing Address:**

6516 4TH LN  
VERO BEACH, FL 32968 UN

**FEI Number:** 83-3512257

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORRISON, JUSTIN R  
6516 4TH LN  
VERO BEACH, FL 32968 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                 | Title           | MGR                 |
| Name            | MORRISON, JUSTIN R  | Name            | DEGRAZIA, DANIEL P  |
| Address         | 6516 4TH LN         | Address         | 675 49TH AVE        |
| City-State-Zip: | VERO BEACH FL 32968 | City-State-Zip: | VERO BEACH FL 32968 |

*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:** JUSTIN R MORRISON

MGR

04/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date