

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000524698

**Entity Name:** JAX OUTDOOR SOLUTIONS LLC**Current Principal Place of Business:**471 STOKES LANDING ROAD  
ST. AUGUSTINE, FL 32095**Current Mailing Address:**471 STOKES LANDING ROAD  
ST. AUGUSTINE, FL 32095 US**FEI Number:** 87-3998576**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LM ACCOUNTING & PAYROLL SERVICES LLC  
10503 SAN JOSE BLVD  
SUITE 19  
JACKSONVILLE, FL 32257 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:** LUCIMAR V. MUSCH

01/24/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER
Name	SHIVERS, KYLE
Address	471 STOKES LANDING ROAD
City-State-Zip:	ST. AUGUSTINE FL 32095

Title	MANAGER
Name	SHIVERS, JIM
Address	471 STOKES LANDING ROAD
City-State-Zip:	ST. AUGUSTINE FL 32095

Title	MANAGER
Name	SHIVERS, ANGELA
Address	471 STOKES LANDING RD
City-State-Zip:	ST. AUGUSTINE FL 32095

Title	MANAGER
Name	BRENNAN, SPENCER
Address	118 34TH AVE S
City-State-Zip:	JACKSONVILLE BEACH FL 32250

*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:** SHIVERS , KYLE

MANAGER

01/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date