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

SIGNATURE: GEORGE JOHNSTON

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000018337

Entity Name: CROSSHAIR SERVICES LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

16656 NE 46TH TERRACE CITRA, FL 32113

Current Mailing Address:

16656 NE 46TH TERRACE CITRA, FL 32113 US

FEI Number: 45-4493199

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:	MARK WILLIAMS			03/05/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MEMBER	Title	MEMBER	
Name .	JOHNSTON, GEORGE	Name	KIND-MOODY, HOWARD	
Address	16670 NE 46TH TERRACE	Address	3380 S.E. 2ND CT.	
City-State-Zip:	CITRA FL 32113	City-State-Zip:	OCALA FL 34471	

that my name appears above, or on an attachment with all other like empowered.

MEMBER

03/05/2019 Date

FILED Mar 05, 2019 Secretary of State 1036691657CC

Certificate of Status Desired: No