

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000037291

Entity Name: CROSSFIRE HOLSTERS LLC

Current Principal Place of Business:

1844 SW HUDSON STREET
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

1844 SW HUDSON STREET
PORT SAINT LUCIE, FL 34953 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINE, RANDY
1844 SW HUDSON STREET
PORT SAINT LUCIE, FL 34953 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
Name LEVINE, RANDY
Address 1844 SW HUDSON STREET
City-State-Zip: PORT SAINT LUCIE FL 34953

Title MGRM
Name LEVINE, GINA
Address 1844 SW HUDSON STREET
City-State-Zip: PORT SAINT LUCIE FL 34953

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: RANDY LEVINE

PRESIDENT

02/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date