

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000143242

**Entity Name:** APOCALYPSE AMMO & GUNSMITHING LLC.

**Current Principal Place of Business:**

4587 BEE RIDGE RD.  
SARASOTA, FL 34233

**Current Mailing Address:**

2519 MONTEREY ST.  
SARASOTA, FL 34231

**FEI Number:** 46-4732649

**Certificate of Status Desired:** No

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

WESTMORELAND, PAUL  
2519 MONTEREY ST.  
SARASOTA, FL 34231 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 WESTMORELAND, PAUL  
Address 2519 MONTEREY ST.  
City-State-Zip: SARASOTA FL 34231

Title MGRM  
Name WESTMORELAND, DIANA  
Address 2519 MONTEREY ST.  
City-State-Zip: SARASOTA FL 34231

Title MMBR  
Name CHRISTIAN, JOHN  
Address 2519 MONTEREY ST.  
City-State-Zip: SARASOTA FL 34231

*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:** PAUL WESTMORELAND

MGR

09/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date