2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2019
Secretary of State
0995566690CC

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Entity Name: ARMED & RESPONSIBLE PERSONAL PROTECTION TRAINING LLC

Current Principal Place of Business:

3502 LOGUE ROAD
MYAKKA CITY, FL 34251

Current Mailing Address:

3502 LOGUE ROAD
MYAKKA CITY, FL 34251 US

FEI Number: 81-1663615

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELDON, ANGELA
3502 LOGUE ROAD
MYAKKA CITY, FL 34251 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	AMBR
Name	WELDON, ANGELA L	Name	WELDON, RICHARD L
Address	3502 LOGUE ROAD	Address	3502 LOGUE ROAD
City-State-Zip:	MYAKKA CITY FL 34251	City-State-Zip:	MYAKKA CITY FL 34251

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: ANGELA WELDON OWNER 03/16/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date