

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90026 008 ****50.00

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1. Entity Name
SAFETY AWARENESS FIREARMS EDUCATION, L.L.C.



Principal Place of Business

**3015 HARTLEY ROAD
SUITE 19B, BOX A
JACKSONVILLE, FL 32257**

Mailing Address

**3015 HARTLEY ROAD
SUITE 19B, BOX A
JACKSONVILLE, FL 32257**

DO NOT WRITE IN THIS SPACE



03012005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1183794

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOOTEN, ANDREW L
3015 HARTLEY ROAD
SUITE 19B, BOX A
JACKSONVILLE, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WOOTEN, ANDREW L MGR
STREET ADDRESS	3015 HARTLEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Andrew L Wooten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/01/05

Date

904.262.8434

Daytime Phone #