

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90007 033 ****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**

2. Principal Place of Business - No P.O. Box #

**4940 Emerson ST
Suite, Apt. #, etc.
103**

3. Mailing Address

**4940 Emerson ST
Suite, Apt. #, etc.
103**

City & State
JACKSONVILLE FLORIDA

City & State
JACKSONVILLE

Zip
32207

Country
DUVAL

Zip
32207

Country
DUVAL

01092007 Chg-LLC CR2E083 (12/06)

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**

7. Name and Address of New Registered Agent

Name **Andrew L. Wooten**
Street Address (P.O. Box Number is Not Acceptable)
**4940 Emerson ST
Suite 103**
City **JACKSONVILLE** FL Zip Code **32207**

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 DATE **1/9/07**

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1/9/07 904-399-1848