

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2005 8:00 am
Secretary of State

04-18-2005 90076 044 ****50.00

DOCUMENT # L04000028149					
1. Entity Name LOCK & LOAD OF FLORIDA, LLC					
Principal Place of Business 12919 NE 5TH ST SILVER SPRINGS FL 34488 US			Mailing Address 12919 NE 5TH ST SILVER SPRINGS FL 34488 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 050576595	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ROOT, RICHARD B 12919 NE 5TH ST SILVER SPRINGS, FL 34488			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME ROOT, RICHARD B STREET ADDRESS 12919 NE 5TH ST. CITY-ST-ZIP OCALA FL 34488	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE MGR NAME ROOT, BENJAMIN J STREET ADDRESS 12919 NE 5TH ST. CITY-ST-ZIP OCALA FL 34488	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE MGR NAME ROOT, RICHARD D STREET ADDRESS 12919 NE 5TH ST CITY-ST-ZIP OCALA FL 34488	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 4-13-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

30005734



1st MOORE CR2E083 (10/04)