

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054389

Entity Name: GUN SNOT LLC

FILED
Jul 03, 2007
Secretary of State

Current Principal Place of Business:

1112 KALMIA COURT
FRUIT COVE, FL 32259 US

New Principal Place of Business:

12443 SAN JOSE BLVD
SUITE 302
JACKSONVILLE, FL 32223 US

Current Mailing Address:

1112 KALMIA COURT
FRUIT COVE, FL 32259 US

New Mailing Address:

12443 SAN JOSE BLVD
SUITE 302
JACKSONVILLE, FL 32223 US

FEI Number: 20-1395128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COLEMAN, C R
9250 BAYMEADOWS ROAD
450
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMS MATERIALS, LLC,
Address: 1112 KALMIA COURT
City-St-Zip: FRUIT COVE, FL 32259 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: SHAFFER, J. SCOTT
Address: 1112 KALMIA COURT
City-St-Zip: FRUIT COVE, FL 32259 US

Title: CEO () Change (X) Addition
Name: SHAFFER, VIRGINIA
Address: 1112 KALMIA COURT
City-St-Zip: FRUIT COVE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN SCOTT SHAFFER

PRES

07/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date