2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90280 018 ****50.00

DOCUMENT # L06000002605

1. Entity Name
SHOOT SAFE LLC

Principal Place of Business	Mailing Address
907 WOODLAKE ROAD SOPCHOPPY FL 32358	907 WOODLAKE ROAD SOPCHOPPY FL 32358

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
55 Pamela Place	P.O. Box 72
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sopchoppy FL	City & State: Sopchoppy FL
Zip: 32358 Country: Wakulla	Zip: 32358 Country: Wakulla

4. FEI Number: 56-2552880 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREWS, PAUL W JR.
907 WOODLAKE ROAD
SOPCHOPPY FL 32358

7. Name and Address of New Registered Agent

Name: Andrews, Paul W Jr.
Street Address (P.O. Box Number is Not Acceptable): 55 Pamela Place
City: Sopchoppy FL Zip Code: 32358

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: x Paul W. Andrews Jr. 2/15/07
Signature, typed or printed name of registered agent and title if applicable. (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, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ANDREWS, PAUL W JR. 907 WOODLAKE ROAD SOPCHOPPY FL 32358	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Andrews, Paul W Jr. 55 Pamela Place Sopchoppy FL 32358	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ANDREWS, VICKY L 907 WOODLAKE ROAD SOPCHOPPY FL 32358	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ~~Vicky~~ Andrews, Vicky L 55 Pamela Place Sopchoppy, FL 32358	☒ Change ☐ Addition
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
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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 exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE: Paul W Andrews 2/15/07 850-962-5275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #