

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90070 035 ***138.75

60003543



DOCUMENT # L06000008837 1. Entity Name SMOKING GUN, LLC			
Principal Place of Business 2212 SWANN AVENUE TAMPA, FL 33606 US		Mailing Address 2212 SWANN AVENUE TAMPA, FL 33606 US	
2. Principal Place of Business - No P.O. Box # 1602 N. 15th Street Suite, Apt. #, etc. Tampa Florida City & State 33605 USA Zip Country		3. Mailing Address 1602 N. 15th Street Suite, Apt. #, etc. Tampa Florida City & State 33605 USA Zip Country	
4. FEI Number 20-4186509		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01082008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BRICKLEMYER, KEITH W 500 E. KENNEDY BOULEVARD, SUITE 200 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENRY, E. T 2212 SWANN AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENRY, E. T 2212 SWANN AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete	1602 N. 15 th Street Tampa, Florida 33605
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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 608, Florida Statutes.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 1/21/08 Daytime Phone # 813-253-5311	