

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000091327

**Entity Name:** TED'S FIREARMS, LLC

**FILED**  
**Sep 30, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

6043 9 AVENUE N.  
SAINT PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

6043 9 AVE N.  
SAINT PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 20-5558165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EASTERBROOK, TED E  
6043 9 AVE N.  
SAINT PETERSBURG, FL 33710 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: TED EASTERBROOK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: OWNR  
Name: EASTERBROOK, TED E  
Address: 6043 9 AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33710 US

I hereby 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: TED EASTERBROOK

OWNR

09/30/2013

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