

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013895

**FILED**  
**Feb 07, 2009**  
**Secretary of State**

**Entity Name:** SCOTT'S GUNSMITHING & SALES LLC

**Current Principal Place of Business:**

4201 S. HWY 441  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

4201 S. HWY 441  
LAKE CITY, FL 32025

**New Mailing Address:**

**FEI Number:** 20-8388096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CREWS, SCOTT A  
112 SW NIGHTSHADE DRIVE  
LAKE CITY, FL 32024 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: MGR ( ) Delete  
Name: CREWS, SCOTT A  
Address: 112 SW NIGHTSHADE DRIVE  
City-St-Zip: LAKE CITY, FL 32025 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SCOTT A CREWS

MGR

02/07/2009

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