

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017076

Entity Name: SPLIT OAK FIREARMS, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

3887 MANNIX DR.
UNIT 632
NAPLES, FL 34114 US

Current Mailing Address:

3887 MANNIX DR.
UNIT 632
NAPLES, FL 34114 US

New Principal Place of Business:

5570 19TH CT SW
UNIT 2
NAPLES, FL 34116 US

New Mailing Address:

5570 19TH CT SW
UNIT 2
NAPLES, FL 34116 US

FEI Number: 20-8445550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALAN WARD, JEFFERY SR
5570 19TH CT SW UNIT 2
NAPLES, FL 34116 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: ALAN WARD, JEFFERY SR
Address: 3887 MANNIX DR. UNIT 632
City-St-Zip: NAPLES, FL 34114 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALAN WARD, JEFFERY SR
Address: 5570 19TH CT SW UNIT 2
City-St-Zip: NAPLES, FL 34116 US

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: JEFFERY ALAN WARD SR

MGRM

04/29/2008

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