

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078829

Entity Name: ROGUE ARMORY LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

4621 CASTALIA CT
FT MYERS, FL 33905

New Principal Place of Business:

4621 CASTALIA CT.
FORT MYERS, FL 33905

Current Mailing Address:

4621 CASTALIA CT
FT MYERS, FL 33905

New Mailing Address:

4621 CASTALIA CT.
FORT MYERS, FL 33905

FEI Number: 26-0651081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JEFFREY G
4621 CASTALIA CT
FT MYERS, FL 33905 US

Name and Address of New Registered Agent:

JONES, JEFFREY G
4621 CASTALIA CT.
FORT MYERS, FL 33905 US

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:

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JONES, JEFFREY G
Address: 4621 CASTALIA CT
City-St-Zip: FT MYERS, FL 33905

Title: MGR () Delete
Name: LJPKEMEULE, JAN W D
Address: 460 BASE AVE APT 124
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JONES, JEFFREY G
Address: 4621 CASTALIA CT.
City-St-Zip: FORT MYERS, FL 33905

Title: MGR (X) Change () Addition
Name: LJPKEMEULE, JAN W D
Address: 480 BASE AVE APT 125
City-St-Zip: VENICE, FL 33905

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 G JONES

MGR

04/17/2009

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