## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000083743

Title:

Name:

Address:

City-St-Zip:

MGRM

CROSS, CYNTHIA M

ARCADIA, FL 34266

( ) Delete

1108 EAST GIBSON STREET

Entity Name: TACTICAL RESPONSE EQUIPMENT LLC

FILED Mar 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6522 PIMLICO STREET 1108 EAST GIBSON ST NORTH PORT, FL 34291 ARCADIA, FL 34266 **Current Mailing Address: New Mailing Address:** P.O. BOX 7802 1108 EAST GIBSON ST NORTH PORT, FL 34290 ARCADIA, FL 34266 FEI Number: 74-3234470 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HORN, DOREEN K HORN, DOREEN K 6522 PÍMLICO STREET 2147 BROAD RANCH DR US PORT CHARLOTTE, FL 33948 NORTH PORT, FL 34291 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: 03/28/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete CROSS, EMORY E Name: Name: 1108 E. GIBSON STREET Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition Name: HORN, RANDOLPH M Name: HORN, RANDOLPH M Address: 6522 PIMLICO STREET Address: 2147 BROAD RANCH DR City-St-Zip: NORTH PORT, FL 34291 City-St-Zip: PORT CHARLOTTE, FL 33948 Title: MGRM () Delete Title: () Change () Addition STUDLEY, JAY Name: Name: Address: P.O. BOX 806 Address: City-St-Zip: ISLAMORADA, FL 33036 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: RANDOLPH M. HORN MGRM 03/28/2009