

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089884

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA FIREARMS LLC

**Current Principal Place of Business:**

645 MAYPORT RD STE 4F  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

9745 TOUCHTON RD  
UNIT 2722  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

645 MAYPORT RD STE 4F  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

9745 TOUCHTON RD  
UNIT 2722  
JACKSONVILLE, FL 32246

FEI Number: 26-1789370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANIXAY, ANKY P  
645 MAYPORT RD STE 4F  
ATLANTIC BEACH, FL 32233 US

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

SANIXAY, ANKY P  
9745 TOUCHTON RD  
UNIT 2722  
JACKSONVILLE, FL 32246 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:

02/17/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SANIXAY, ANKY P  
Address: 9745 TOUCHTON RD UNIT 2722  
City-St-Zip: JACKSONVILLE, FL 32246

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: ANKY SANIXAY

MGR

02/17/2011

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