

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089884

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA FIREARMS LLC

**Current Principal Place of Business:**

9745 TOUCHTON RD  
UNIT 2722  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

10135 GATE PARKWAY NORTH  
#1709  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

9745 TOUCHTON RD  
UNIT 2722  
JACKSONVILLE, FL 32246

**New Mailing Address:**

10135 GATE PARKWAY NORTH  
#1709  
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  
9745 TOUCHTON RD  
UNIT 2722  
JACKSONVILLE, FL 32246 US

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

SANIXAY, ANKY P  
10135 GATE PARKWAY NORTH  
#1709  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SANIXAY, ANKY P  
Address: 10135 GATE PARKWAY NORTH #1709  
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

04/30/2012

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