

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3. **FILED**
Apr 17, 2008 8:00 am
Secretary of State

03-21-2008 90119 047 ***138.75

DOCUMENT # L07000110673					
1. Entity Name COLE'S GUN RANGE, L.L.C.					
Principal Place of Business 1903 DOUGLAS AVENUE CLEARWATER, FL 33755			Mailing Address 1903 DOUGLAS AVENUE CLEARWATER, FL 33755		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 80-0172679	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VASSILIADIS, ANASTASIOS 1011 GLYNWOOD PLACE DUNEDIN, FL 34698			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when renewing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VASSILIADIS, ANASTASIOS 1011 GLYNWOOD PLACE DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JARRELL, RONALD L 3020 HUNKIN CIRCLE DELTONA, FL 32738	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
Anastasios Vassiliadis, Manager/Member					
SIGNATURE: _____			Date: 3/18/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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03182008 Chg-LLC CR2E083 (12/06)