

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90204 048 ***138.75

DOCUMENT # L07000125472

1. Entity Name
HOLDSAFE BARREL SYSTEMS, LLC



Principal Place of Business
**313 SILVER FALLS DRIVE
APOLLO BEACH, FL 33572**

Mailing Address
**313 SILVER FALLS DRIVE
APOLLO BEACH, FL 33572 US**

60014857



2. Principal Place of Business - No P.O. Box #
Same as above

3. Mailing Address
Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
26-1802970

Applied For
Not Applicable

Zip Country
USA

Zip Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLARKE, PHILIP
1505 N. FLORIDA AVENUE
TAMPA, FL 33601**

7. Name and Address of New Registered Agent

Name **Same**
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **MGR** ☐ Delete
NAME **KIRK, DAVID**
STREET ADDRESS **313 SILVER FALLS DRIVE**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

SIGNATURE: *David M. Kirk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-10-2008

Date

813-938-4571

Daytime Phone #