

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000007726

Entity Name: CRS WEAPONRY, LLC

FILED
Oct 07, 2009
Secretary of State

Current Principal Place of Business:

7933 US HIGHWAY 19
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

7933 US HIGHWAY 19
PORT RICHEY, FL 34668 US

New Mailing Address:

FEI Number: 26-1838738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAFOLLETTE, JAMES S
7933 US HIGHWAY 19
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

LAFOLLETTE, JAMES S
7933 US HIGHWAY 19
PORT RICHEY, FL 34668 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: JAMES S. LAFOLLETTE

10/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DRUM, CHRISTOPHER W
Address: 29661 U.S. HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM () Delete
Name: LAFOLLETTE, JAMES S
Address: 7933 US HIGHWAY 19
City-St-Zip: PORT RICHEY, FL 34668 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LAFOLLETTE, JAMES S
Address: 7933 US HIGHWAY 19
City-St-Zip: PORT RICHEY, FL 34668 US

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.

SIGNATURE: CHRISTOPHER W. DRUM

MGRM

10/07/2009

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