

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034608

FILED
Jan 23, 2009
Secretary of State

Entity Name: ON TARGET TACTICAL TRAINING, LLC

Current Principal Place of Business:

633 SE THIRD AVENUE
SUITE 202
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

633 SE THIRD AVENUE
SUITE 202
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 26-2332390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIMAGGIO LAW OFFICES
633 SE THIRD AVENUE
SUITE 202
FORT LAUDERDALE,, FL 33301 US

Name and Address of New Registered Agent:

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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: KERNODLE, DENIS
Address: 633 SE THIRD AVENUE, SUITE 202
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: DICRISTOFALO, JACK
Address: 633 SE THIRD AVENUE, SUITE 202
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: DIMAGGIO, MICHAEL
Address: 633 SE THIRD AVENUE, SUITE 202
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

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

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

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

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: MICHAEL A, DIMAGGIO

MGRM

01/23/2009

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