

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097100

FILED
Apr 23, 2009
Secretary of State

Entity Name: INDIAN RIVER SHOOTING SPORTS, L.L.C.

Current Principal Place of Business:

5925 82ND AVENUE
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

5925 82ND AVENUE
VERO BEACH, FL 32967

New Mailing Address:

P.O. BOX 691112
VERO BEACH, FL 32969

FEI Number: 26-3537113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, E. ROLLINS II
1626 90TH AVENUE
VERO BEACH, FL, FL 32966 US

Name and Address of New Registered Agent:

BROWN, E. ROLLINS II
1626 90TH AVENUE
VERO BEACH, FL 32966 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:

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOWELLS, MICHAEL
Address: 5925 82ND AVENUE
City-St-Zip: VERO BEACH, FL 32967

Title: MGR () Delete
Name: HOWELLS, EMMA JANE
Address: 5925 82ND AVENUE
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOWELLS, MICHAEL
Address: P.O. BOX 691112
City-St-Zip: VERO BEACH, FL 32969

Title: MGR (X) Change () Addition
Name: HOWELLS, EMMA JANE
Address: P.O. BOX 691112
City-St-Zip: VERO BEACH, FL 32969

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 HOWELLS

MGR

04/23/2009

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