

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000010529

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** TALLAHASSEE INDOOR SHOOTING RANGE, LLC

**Current Principal Place of Business:**

431 CAPITAL CIRCLE NW  
UNIT A  
TALLAHASSEE, FL 32304 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 38579  
TALLAHASSEE, FL 32315 US

**New Mailing Address:**

**FEI Number:** 27-2241394      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KORNEGAY, ROBERT W SR.  
320 ELOISE DRIVE  
TALLAHASSEE, FL 32312 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:** MGRM  
**Name:** KORNEGAY, ROBERT W SR.  
**Address:** 320 ELOISE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32312 US

I hereby 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: ROBERT W. KORNEGAY, SR.      MGRM      04/21/2011

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