

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000033644

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA SHOOTING ACADEMY, LLC.

**Current Principal Place of Business:**

10761 DERRINGER DR.  
ORLANDO, FL 32829

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 452143  
KISSIMMEE, FL 34745

**New Mailing Address:**

P.O. BOX 570352  
ORLANDO, FL 32857

**FEI Number:** 27-2209065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADORNO, PEDRO J  
10761 DERRINGER DR.  
ORLANDO, FL 32829 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  
**Name:** ADORNO, PEDRO J  
**Address:** P.O. BOX 570352  
**City-St-Zip:** ORLANDO, FL 32857

**Title:** MGR  
**Name:** ADORNO, BRENDA P  
**Address:** P.O. BOX 570352  
**City-St-Zip:** ORLANDO, FL 32857

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:** PEDRO J ADORNO

MGR

04/22/2011

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