

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000055563

**Entity Name:** LAKE COUNTY ARMS, LLC

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

112 W FIFTH AVE  
MT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1759  
MT DORA, FL 32756

**New Mailing Address:**

**FEI Number:** 90-0579596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMPSON, MARK R  
112 W FIFTH AVE  
MT DORA, FL 32757 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: MARK SIMPSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SIMPSON, MARK R  
Address: 112 W FIFTH AVE  
City-St-Zip: MT DORA, FL 32757

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: MARK SIMPSON

MGR

10/04/2011

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