

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000061383

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** WARRIOR PROTECTIVE EQUIPMENT LLC

**Current Principal Place of Business:**

4409 HOFFNER AVE  
319  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

4409 HOFFNER AVE  
319  
ORLANDO, FL 32812

**New Mailing Address:**

**FEI Number:** 45-2410732      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SANABRIA, RUBEN C  
2736 WHISPERING TRAILS DR  
WINTER HAVEN, FL 33884      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:** SANABRIA, RUBEN C  
**Address:** 2736 WHISPERING TRAILS DR  
**City-St-Zip:** WINTER HAVEN, FL 33884

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: MR. RUBEN C. SANABRIA      MGR      04/25/2012

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