

L12000056954

(Requestor's Name)

(Address)

(Address)

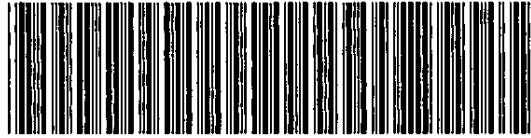
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



200242249982

11/30/12--01022--022 \*\*25.UU

Special Instructions to Filing Officer:

RA

Office Use Only

B. KOHR

DEC - 3 2012

EXAMINER

FILED  
12 NOV 30 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JMR Arms, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**FILED**  
NOV 30 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Christopher Arend

Name of Person

JMR Arms, LLC

Firm/Company

5946 Mimosa Dr.

Address

Orlando, FL. 32807

City/State and Zip Code

chris@hogloggertactical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Arend at ( 407 ) 346-5243

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

