

L13000072002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 13 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fire Control Group, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Rich

Name of Person

Fire Control Group, LLC

Firm/Company

1157 Belmar Avenue

Address

Port Charlotte, FL 34

City/State and Zip Code

support@fcgtactical.com

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

For further information concerning this matter, please call:

William Rich

Name of Person

at (941) 286-0590

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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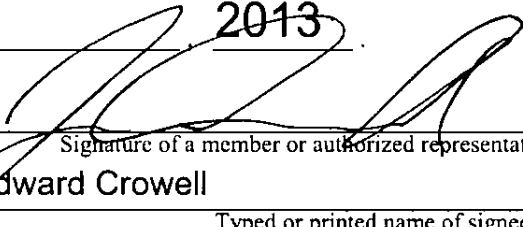
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgrm</u>	<u>Phillip Zieser</u>	<u>149 Topaz Drive</u>	<input type="checkbox"/> Add
		<u>Kissee Mills, MO 65680</u>	<input checked="" type="checkbox"/> Remove
<u>Mgrm</u>	<u>Robert Rich III</u>	<u>1157 Belmar Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Port Charlotte, FL 33948</u>	<input type="checkbox"/> Remove
<u>Mgrm</u>	<u>Camillia Rich</u>	<u>709 Julie Lane</u>	<input checked="" type="checkbox"/> Add
		<u>Forsyth, MO 65653</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 12 August 2013



Signature of a member or authorized representative of a member

Joshua Edward Crowell

Typed or printed name of signee

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Filing Fee: \$25.00

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