

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000004957

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** ALFIE'S GUN RANGE, LLC

**Current Principal Place of Business:**

7080 W STATE ROAD 84  
SUITE 11  
DAVIE, FL 33317

**New Principal Place of Business:**

7080 W STATE ROAD 84  
SUITE 10  
DAVIE, FL 33317

**Current Mailing Address:**

7080 W STATE ROAD 84  
SUITE 11  
DAVIE, FL 33317

**New Mailing Address:**

7080 W STATE ROAD 84  
SUITE 10  
DAVIE, FL 33317

**FEI Number:** 26-4046595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DANNY SHUM CPA, P.L.  
7080 W STATE RD 84  
SUITE 11  
DAVIE, FL 33317 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: MGRM  
Name: FELICIANO, ALFRED  
Address: 7080 W STATE ROAD 84  
City-St-Zip: DAVIE, FL 33317 US

Title: MGRM  
Name: FELICIANO, CARMEN M  
Address: 7080 W STATE ROAD 84  
City-St-Zip: DAVIE, FL 33317

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: ALFRED FELICIANO

MGRM

02/07/2012

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