

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000004957

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

**Current Principal Place of Business:**

7080 W STATE ROAD 84  
SUITE 10  
DAVIE, FL 33317

**Current Mailing Address:**

7080 W STATE ROAD 84  
SUITE 10  
DAVIE, FL 33317

**FEI Number:** 26-4046595

**Certificate of Status Desired:** No

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

DANNY SHUM CPA, P.L.  
7080 W STATE RD 84  
SUITE 11  
DAVIE, FL 33317 US

*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

**Authorized Person(s) Detail :**

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

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALFRED FELICIANO

**MGRM**

**04/04/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date