

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000000638

**Entity Name:** ALPHA ZONE AMMO LLC

**Current Principal Place of Business:**

7435 COUNTY ROAD 48  
YALAHA, FL 34797

**Current Mailing Address:**

POST OFFICE BOX 172  
YALAHA, FL 34797

**FEI Number:** 45-4142133

**Certificate of Status Desired:** No

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

TECHMAN, JAY M  
12 PALM DRIVE  
YALAHA, FL 34797 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  
Name TECHMAN, JAY M  
Address 12 PALM DRIVE  
City-State-Zip: YALAHA FL 34797

*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:** JAY TECHMAN

**MANAGING MEMBER**

**05/01/2016**

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

\_\_\_\_\_ Date