## 2019 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

**FILED** Apr 30, 2019

**Secretary of State** 

7981232653CC

## 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.

**MGRM** 

Electronic Signature of Signing Authorized Person(s) Detail