

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000030818

Entity Name: SABER ARMS LLC

Current Principal Place of Business:

1282 CORDOVA CIR.
TALLAHASSEE, FL 32317

Current Mailing Address:

P.O. BOX 14003
TALLAHASSEE, FL 32317 US

FEI Number: 46-2183762

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 WOODS, CHRISTOPHER
Address 3300 GALLANT FOX TRAIL
City-State-Zip: TALLAHASSEE FL 32309

Title MGRM
Name WOODS, DEEJAY
Address 3300 GALLANT FOX TRAIL
City-State-Zip: TALLAHASSEE FL 32309

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: CHRISTOPHER WOODS

MGRM

02/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date