**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 23, 2019**
**Secretary of State**
**7505194198CC**

DOCUMENT# L13000148080

**Entity Name:** SOCOM CITY ARMORY, LLC

**Current Principal Place of Business:**

4950 WINGATE ROAD
MYAKKA CITY, FL 34251

**Current Mailing Address:**

PO BOX 26982
TAMPA, FL 33623 US

**FEI Number: 80-0964108**

**Certificate of Status Desired:** No

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

KOCHE, DAVID L
601 BAYSHORE BLVD STE 700
TAMPA, FL 33606 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 | MANAGING DIRECTOR |
| Name | EGNER, DARRELL |
| Address | 5525 W. CYPRESS ST. |
| City-State-Zip: | TAMPA FL 33607 |

| | |
|---|---|
| Title | MANAGER |
| Name | VARGA, MELISSA |
| Address | 5525 W. CYPRESS ST. |
| City-State-Zip: | TAMPA FL 33607 |

| | |
|---|---|
| Title | VP |
| Name | ROCHELLE, BRENDAN |
| Address | 5525 W. CYPRESS ST. |
| City-State-Zip: | TAMPA FL 33607 |

| | |
|---|---|
| Title | VP |
| Name | MAHONEY, MICHAEL |
| Address | 5525 W. CYPRESS ST. |
| City-State-Zip: | TAMPA FL 33607 |

| | |
|---|---|
| Title | VP |
| Name | ARANT, CHARLES |
| Address | 5525 W. CYPRESS ST. |
| City-State-Zip: | TAMPA FL 33607 |

*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: DARRELL EGNER — MANAGING DIRECTOR — 02/23/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date