

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date