

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000008700

Entity Name: RIFLE SOLUTIONS LLC

Current Principal Place of Business:

698 S. WILSON
CRESTVIEW, FL 32536

Current Mailing Address:

698 S. WILSON
CRESTVIEW, FL 32536 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHULTZ, KERRY A
2045 FOUNTAIN PROFESSIONAL CT SUITE A
NAVARRE, FL 32566 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 SINGLETARY, LUCAS
Address 698 S. WILSON
City-State-Zip: CRESTVIEW FL 32536

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: LUCAS SINGLETARY

MGRM

04/09/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date