

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000200699

**Entity Name:** STRONGSIDE ARMS ENTERPRISES LLC

**Current Principal Place of Business:**

4387 KELSON AVE  
UNIT B  
MARIANNA, FL 32446

**Current Mailing Address:**

P.O. BOX 1044  
MARIANNA, FL 32446 US

**FEI Number:** 81-0873078

**Certificate of Status Desired:** No

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

STRONG, MICHAEL L  
4387 KELSON AVE  
UNIT B  
MARIANNA, FL 32446 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 MGR  
Name STRONG, MICHAEL L  
Address P.O. BOX 1044  
City-State-Zip: MARIANNA FL 32446

*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:** MICHAEL STRONG

MGR

04/09/2019

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date