

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000282545

**Entity Name:** L.O.V.E. FIREARMS TRAINING LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

6421 N FLORIDA AVE  
D-537  
TAMPA, FL 33604

**Current Mailing Address:**

3390 SPRING LAKE HWY  
BROOKSVILLE, FL 34602-8211 US

**FEI Number:** 85-3072520

**Certificate of Status Desired:** Yes

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

ALEXANDRE, YVES R SR  
3390 SPRING LAKE HWY  
BROOKSVILLE, FL 34602 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	Title	MGR
Name	ALEXANDRE, YVES R SR.	Name	ALEXANDRE, SUZETTE T
Address	3390 SPRING LAKE HWY	Address	3390 SPRING LAKE HWY
City-State-Zip:	BROOKSVILLE FL 34602	City-State-Zip:	BROOKSVILLE FL 34602

Title	MANAGER
Name	ALEXANDRE, YOSEF R
Address	3390 SPRING LAKE HWY
City-State-Zip:	BROOKSVILLE FL 34602-8211

*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: YVES R ALEXANDRE SR

CEO/MGR

01/08/2023

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

\_\_\_\_\_  
Date