

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000123354

**Entity Name:** BLACK ARMS TACTICAL, LLC

**Current Principal Place of Business:**

10401 POST OFFICE BLVD  
620492  
ORLANDO, FL 32862

**Current Mailing Address:**

10401 POST OFFICE BLVD  
620492  
ORLANDO, FL 32862 US

**FEI Number:** 86-2264092

**Certificate of Status Desired:** No

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

WOODS-MARIANO, SEBASTIAN  
10401 POST OFFICE BLVD  
620492  
ORLANDO, FL 32862 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 WOODS-MARIANO, SEBASTIAN  
Address 10401 POST OFFICE BLVD UNIT  
620492  
City-State-Zip: ORLANDO FL 32862

*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:** SEBASTIAN WOODS-MARIANO

MR

03/06/2022

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

\_\_\_\_\_  
Date