

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000219836

**Entity Name:** THP TACTICAL GROUP

**Current Principal Place of Business:**

401 EAST JACKSONVILLE ST  
STE 3300  
TAMPA, FL 33615

**Current Mailing Address:**

401 EAST JACKSONVILLE ST  
STE 3300  
TAMPA, FL 33615

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HAMMONDS, MARK  
401 EAST JACKSON ST  
STE 3300  
TAMPA, FL 33602 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 HAMMONDS, MARK  
Address 401 EAST JACKSON ST STE 3300  
City-State-Zip: TAMPA FL 33615

*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:** MARK HAMMONDS

**MANAGING MEMBER**

**04/30/2023**

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

\_\_\_\_\_  
Date