Assignment and Report

1. OPERATING NAME AND ADDRESS	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.)							
(INCLUDE ZIP CODE AND COUNTY)	767055-	2016-0282-B1B						
SOUTHERN GUNS LLC	3. PERMIT/LICENSE NUMBER	4a. TARGET DATE	4b. TARGET HOURS					
dba; Alpha Omega Weaponry	159117078B15803							
1255 South U.S. Highway 17-92	5. REQUESTED BY (SIGNATURE, TITLE AND DATE)							
Longwood,FL 32750, Seminole	ARBERBER, DIO, 06/17/2015							

6. ATF OFFICER(S) ASSIGNED

(b) (6) Lead Investigator (b) (6) - Assigned Investigator

7. ASSIGNED BY (SIGNATURE, TITLE AND DATE)

(**b**) **(6**) , Area Supervisor, 07/22/2016

8. PURPOSE/SPECIAL INSTRUCTIONS

RECALL: Conduct Full Recall Inspection. Watch for repeat violations. Determine if licensee deals in NFA, on the internet or at gun shows. Determine if Special Attention Flags may be removed. Onsite of previous inspection: 04/22/15. Query NForce for any criminal enforcement (CE) investigations involving the applicant or FFL.

Note: WC Held 07/17/2015.

9. INSPECTION RESULTS	CHE	CK IF NO VIOLATIONS, ADJUSTMEN	NTS, ETC	10. TRAVEL EXPENSES (OPTIONAL)		
NO. OF VIOLATIONS	5	NO. OF REFERRALS		2111 - PER DIEM		
NO. OF TECS CHECKS	97	NO. OF TECS HITS		2112 - P.O.A.		
NO. OF TAX		\$ VALUE OF TAX INCREASES		2113 - COMM. AIR		
ADJUSTMENTS		\$ VALUE OF TAX DECREASES		2114 - RENTAL CAR		
NO. OF ASSESSMENTS		\$ VALUE OF ASSESSMENTS		2115 - GPV EXPENSES		
NO. OF CLAIMS		\$ VALUE OF CLAIMS		2116 - MISC.		
NO. OF TAX PERIODS		\$ VALUE OF TAXES VERIFIED		TOTAL \$ FOR INSP.		

11. ATF OFFICER'S RECOMMENDATION

Submitted by 6 - Acting Area Supervisor

Submitted on: 11/21/2016
On July 18, 2016, Industry Operations Investigators (b) (6) and (b) (6) initiated a Recall Compliance inspection of the above-referenced Federal Firearms Licensee (FFL) at the licensed business premises. The licensee was cited with five violations as a result of the inspection.

On September 19, 2016, Investigator (b) (6) conducted a closing conference, final review of the ATF records, and reviewed the results of the inspection with Managing Member/RP, (b) (6) and Employee, (b) (6) at the licensed business premises.

Violations and Revocation are recommended as a result of this inspection.

Viols and Revocation / Denial of Renewal App

	12. TIME ACCOUNTING DATA						
ATF OFFICER'S NAME (MC	ONTH, YEAR, HOURS)	b) (6)					
JUL 2	2016 35.00						
AUG 2	2016 71.00						
SEP 2	2016 68.00						
OCT 2	2016 33.00						
NOV 2	2016 19.50						
ATF OFFICER'S SUBTOTAL	L 226.50	ATF OFFICER'S SIGNATURE					

ATF OFFICER'S NAME (MONTH, YEAR, HOURS) (b) (6)

DEC 2016 1.00

Bureau of Alcohol, Tobacco, Firearms and Explosives

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) SOUTHERN GUNS LLC dba; Alpha Omega Weaponry 1255 South U.S. Highway 17-92 Longwood,FL 32750, Seminole	3. PERMIT/LICEN 159117073 5. REQUESTED B								
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)	b) (6)								
JAN 2017 6.00									
ATF OFFICER'S SUBTOTAL 7.00	ATF OFFICER'S SIGNATURE								
TOTAL HOURS 233.50									
	13. REVIEW AND ROUTING								
REVIEW COMMENTS AND RECOMMENDATION Concur with recommendation of Revocation. The licensee was cited for 5 violations. Revocation is based upon a repeat violation missing firearms after reconciliation and were in inventory within the last five years. The report was forwarded to DIO Gerber on 11/21/16. Viols and Revocation / Denial of Renewal App									
REVIEWED	ICUR SEE COMMENTS	FINAL DISPOSITION							
SIGNATURE AND TITLE (b) (6) - Area Supervisor		REVIEW DATE 11/21/2016							
	REVIEW COMMENTS AND RECOMMENDATION The violation cited for Revocation is for missing interest of firearms within the previous 5 years and is a repeat violation. During the last inspection,								
Viols WC with WL and Recall ☑ REVIEWED □ CON	ICUR SEE COMMENTS	∑ FINAL DISPOSITION							
SIGNATURE AND TITLE		REVIEW DATE 12/21/2016							
ARGERBER - DIO, Tampa Field Division ROUTING SEQUENCE AND DATE 1. 2. 3.	CONTRO	DL FILE POSTED DATE							

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

tru				

Please write firmly with a ball point pen when completing this form. ATF officers will prepare this form in triplicate. The original copy will be given to the proprietor or a responsible representative. The remaining copies will be submitted with the completed inspection report. Supervisors will detach one copy from the completed report for their files.

Name of Proprietor SOUTHERN GUNS LLC dba; Alpha Omega Weaponry	Street Address 1255 South U.S. High	way 17-92	City Longwood		State FL	Zip Code 32750-	County Seminole	Page 1 of 4 Pages
License/Permit/Registry Number (If any) 159117078B15803		Expiration Date 2/1/2018		1		f Inspection h 07/18/2016		

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Number: 1

Nature of Violation:

1. Failure to maintain an accurate and complete Acquisition and Disposition Record - Records maintained by manufacturers.

instances, the licensee failed to record the acquisition of a firearm that was present in inventory in the Acquisition and Disposition Record.

Citation: 27 CFR 478.123(a)

Number: 2

Nature of Violation:

2. Failure to maintain an accurate and complete Acquisition and Disposition Record - Records maintained by manufacturers.

instances, the licensee failed to record the disposition of a firearm in the Acquisition and Disposition Record.

those instances, the licensee failed to record the disposition of a firearm to a licensee.

those instances, the firearm disposition could not be found and the firearms were determined to be missing.

Citation: 27 CFR 478.123(b)

Date Corrections to be Made:

(If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: The licensee updated the Acquisition and Disposition Record with the correct and complete acquisition information for firearms. In the future, the licensee will record all firearm acquisitions correctly, completely and in a timely manner.

Date Corrections to be Made:

(If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: The licensee updated the Acquisition and Disposition Record with the correct and complete disposition firearms An FFL theft/loss inventory information for report was submitted for missing firearms on September 19, 2016. In the future, the licensee will record all firearm dispositions correctly, completely and in a timely manner.

April 9 Production 687

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

Instructions

Please write firmly with a ball point pen when completing this form. ATF officers will prepare this form in triplicate. The original copy will be given to the proprietor or a responsible representative. The remaining copies will be submitted with the completed inspection report. Supervisors will detach one copy from the completed report for their files.

Name of Proprietor SOUTHERN GUNS LLC dba; Alpha Omega Weaponry	Street Address 1255 South U.S. High	way 17-92	City Longwood		State FL	Zip Code 32750-	County Seminole	Page 2 of 4 Pages
License/Permit/Registry Number (If any) 159117078B15803		Expiration Date 2/1/2018		1		f Inspection h 07/18/2016		

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Number: 3

For Official Use Only

Nature of Violation:

3. Failure to maintain an accurate and complete Acquisition and Disposition Record – Records maintained by manufacturers.

instances, the licensee failed to record the disposition of a firearm to a non-licensee.

Citation: 27 CFR 478.123(d)

Date Corrections to be Made:

(If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: The licensee updated the Acquisition and Disposition Record with the correct and complete disposition

> information for firearms. In the future, the licensee will record all firearm dispositions correctly, completely and

in a timely manner.

April 9 Production 688 RIP ATF E-Form 5030 5

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

Instructions

Please write firmly with a ball point pen when completing this form. ATF officers will prepare this form in triplicate. The original copy will be given to the proprietor or a responsible representative. The remaining copies will be submitted with the completed inspection report. Supervisors will detach one copy from the completed report for their files.

Name of Proprietor SOUTHERN GUNS LLC dba; Alpha Omega Weaponry	Street Address 1255 South U.S. High	way 17-92	City Longwood		State FL	Zip Code 32750-	County Seminole	Page 3 of 4 Pages
License/Permit/Registry Number (If any) 159117078B15803		Expiration Date 2/1/2018		` ′		f Inspection h 07/18/2016		

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Number: 4

Nature of Violation:

4. Failure by the licensee to obtain a properly completed ATF Form 4473 prior to the transfer of a firearm to a non-licensed transferee.

completed ATF Forms, the licensee accepted blank answers.

of the forms, Question 11c (Have you ever been convicted in any court of a felony...?) was left blank.

the forms, Question 11d (Are you a fugitive from justice?) was left blank.

of the forms, Question 11j (Have you ever renounced your United States citizenship?) was left blank.

of the forms, Question 11k (Are you an alien illegally in the United States?) was left blank.

of the forms, Question 111 (Are you an alien admitted to the United States...?) was left blank.

Citation: 27 CFR 478.124(c)(1)

Date Corrections to be Made: (If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: In the future, the licensee will carefully review the completed ATF Forms 4473 prior to conducting a background check and prior to transferring the firearm to a non-licensee.

April 9 Production 689 RIP

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

		Insti	ructions						
Please write firmly with a ball point pen when con representative. The remaining copies will be subm								responsible	
Name of Proprietor SOUTHERN GUNS LLC dba; Alpha Omega Weaponry	Street Address 1255 South U.S. High	way 17-92	City Longwood		State FL	Zip Code 32750-	County Seminole	1	ge 4 of Pages
License/Permit/Registry Number (If any) 159117078B15803	Expiration Date 2/1/2018				Date(s) or Period of Inspection 07/18/2015 through 07/18/2016			I	
		_	ion Results						
An examination of your premises, records and oper	rations has disclosed the	e following violations v	which have been	explained t	o you:				
Number: 5			Date Correct (If not corre						
Nature of Violation: 5. Failure by the licensee to obtain a properly completed ATF Form 4473 prior to the transfer of a firearm to a non-licensed transferee. Itotal completed ATF Forms, the licensee accepted blank or erroneous answers. of the forms, Question 31 (Trade/corporate name and address of transferor) was left blank. of the forms, Question 11a (Are you the actual transferee/buyer of the firearm(s) listed on this form?) was answered "No" or left blank and Question 31 (Trade/corporate name and address of transferor) and Question 32 (Federal Firearms Licensee Number) were left blank. of the forms, Question 11a (Are you the actual transferee/buyer of the firearm(s) listed on this form?) was answered "No" or left blank.			Corrective A	Action to b	e Taken	completed ATI	e licensee will careful Forms 4473 prior to eck and prior to trans.	conducting a	rm to a
of the forms, Question 24 (Transferee's/B (Recertification Date) were left blank. Citation: 27 CFR 478.21(a)	uyer's Signature) and C	Question 25							
I Have Received a Copy of This Report of Violations	(Proprietor's signati	ire and title)						Date	
Signature and Title of ATF Officer								Date	
April 9 Production			690						RIP



Bureau of Alcohol, Tobacco, Firearms and Explosives

Tampa Field Division

Orlando, FL 32817-8456

www.ntf.gov

January 9, 2017

767055: KDB

5373

ANNOUNCEMENT OF WARNING CONFERENCE

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Casey Burke, Managing Member Southern Guns, LLC dba Alpha Omega Weaponry 1255 South U.S. Highway 17-92 Longwood, Florida 32750

Federal Firearms License Number: 1-59-117-07-8B-15803

Dear Mr. Burke;

During a recent compliance inspection at your firearms business covering the period of July 18, 2015 through July 18, 2016, you were cited for violations of 27 Code of Federal Regulations, Part 478. The violations were discussed with you during the inspection. A copy of the Report of Violations, Form 5030.5, is enclosed.

You should be aware that any willful violations of the Gun Control Act may result in revocation of your Federal firearms license. As a result of the recently cited violations, it is important that we have a meeting with you to discuss the violations found. The conference will be held on January 30, 2017, at 10:00 a.m. at the Orlando Area Office, Building 100, 3452 Lake Lynda Drive, Suite 450, Orlando, Florida, 32817. The agenda for the meeting will include a discussion of the reasons for the violations, a review of the legal requirements, and a discussion of steps to be taken by you to ensure future compliance. Although we do not believe it necessary, legal counsel may assist you at your own expense if you so choose. Please bring documentation verifying the corrective action you have taken.

The records you are required to maintain and the business operations you conduct are important to law enforcement in our continuing efforts to reduce violent crime and protect the public. It is

Southern Guns, LLC, dba Alpha Omega Weaponry Federal Firearms License Number: 1-59-117-07-8B-15803

essential that you comply with all Federal laws and regulations that govern your firearms business to aid in this effort to combat violent crime.

We will conduct a follow-up inspection in the future. Any violations, either repeat or otherwise, could be viewed as willful and may result in the revocation of your license.

Please contact Area Supervisor (b) (6) to confirm this appointment and to ask any questions you may have regarding this conference. We look forward to meeting with you to resolve these issues.

Sincerely yours,



cc: Federal Firearms Licensing Center Orlando Area Office

Attachment: Report of Violations

Instructions

Please write firmly with a ball point pen when completing this form. ATF officers will prepare this form in triplicate. The original copy will be given to the proprietor or a responsible representative. The remaining copies will be submitted with the completed inspection report. Supervisors will detach one copy from the completed report for their files.

Name of Proprietor SOUTHERN GUNS LLC dba; Alpha Omega Weaponry	Street Address 1255 South U.S. High	way 17-92	City / Long***Xi	al a	State FL	Zip Code 32750-	County Seminole	Page 1 of 7 Pages
License/Permit/Registry Number (If any) 159117078B15803		Expiration Date 2/1/2018	b000000000000000000000000000000000			f Inspection h=07/18/2016		

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Number: 1

Nature of Violation:

1. Failure to maintain an accurate and complete Acquisition and Disposition Record - Records maintained by manufacturers.

astances, the licensee failed to record the acquisition of a firearm that was present in inventory in the Acquisition and Disposition Record.

Citation: 27 CFR 478.123(a)

Date Corrections to be Made: (If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: The licensee updated the Acquisition and Disposition Record with the correct and complete acquisition information for irearms. In the future, the licensee will record all firearm acquisitions correctly, completely and in a timely manner.

Instructions

Please write firmly with a ball point pen when completing this form. ATF officers will prepare this form in triplicate. The original copy will be given to the proprietor or a responsible representative. The remaining copies will be submitted with the completed inspection report. Supervisors will detach one copy from the completed report for their files.

Name of Proprietor SOUTHERN GUNS LLC dba; Alpha Omega Weaponry	Street Address 1255 South U.S. H	ghway 17-92	City Longwood		State FL	Zip Code 32750-	County Seminole	Page 2 of 7 Pages
License/Permit/Registry Number (If any) 159117078B15803		Expiration Date 2/1/2018		100000000000000000000000000000000000000	The state of the state of	of Inspection gh 07/18/2016		

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Number: 2

Nature of Violation:

Failure to maintain an accurate and complete Acquisition and Disposition Record - Records maintained by manufacturers.

nstances, the licensee failed to record the disposition of a firearm in the Acquisition and Disposition Record.

nose instances, the licensee failed to record the disposition of a firearm to a licensee.

hose instances, the firearm disposition could not be found and the firearms were determined to be missing.

Citation: 27 CFR 478.123(b)

Number: 3

Nature of Violation:

 Failure to maintain an accurate and complete Acquisition and Disposition Record - Records maintained by manufacturers.

instances, the licensee failed to record the disposition of a firearm to a non-licensee.

Date Corrections to be Made: (If not corrected immediately)

Corrective Action to be Taken: (If not corrected immediately)

The licensee updated the Acquisition and Disposition.

Record with the correct and complete disposition information for the following rearms. An FFL thefuloss inventory report was submitted for the following firearms on September 19, 2016. In the future, the licensee will record all firearm dispositions correctly, completely and in a timely manner.

Date Corrections to be Made: (If not corrected immediately)

Corrective Action to be Taken: (If not corrected immediately)

The licensee updated the Acquisition and Disposition Record with the correct and complete disposition information for rearms. In the future, the licensee will record all firearm dispositions correctly, completely and in a timely manner.

Bureau of Alcohol, Tobacco, Fincarms and Explosives

Report of Violations

Instructions

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Name of Proprietor SOUTHERN GUNS LLC dba; Alpha Omega Weaponry	Streat Address 1255 South U.S. High	iway 17-92	City Longwood	·	Sime FL	Zip Code 32750-	County Seminols	Page 3 of 7 Pages
License/Permit/Registry Number (If any) 159117078B15803		Expiration Date 2/1/2018				f Inspection h 07/18/2016		

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Citation: 27 CFR 478.123(d)

Instructions

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Name of Proprietor SOUTHERN GUNS LLC dba; Alpha Omega Weaponry	Street Address 1255 South U.S. High	rwsy 17-92	City Languoisi		State	Zip Code 32750-	County Seminole	Page 4 of 7 Pages
License/Permit/Registry Number (If any) (59117078B15803		1 **		Date(s) or Period of Inspection 07/18/2015 through 07/18/2016				

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Number: 4

Nature of Violation:

4. Failure by the licensee to obtain a properly completed ATF Form 4473 prior to the transfer of a firearm to a non-licensed transferce.

ampleted ATF Forms, the licensee accepted blank answers.

the forms, Question [1c (Have you ever been convicted in any court of a felony....?) was left blank.

the forms, Question 11d (Are you a fugitive from justice?) was left blank.

of the forms, Question 1 i) (Have you ever renounced your United States citizenship?) was left blank.

the forms, Question 14k (Are you an alien illegally in the United States?) was left blank.

f the forms, Question 111 (Are you on alien admitted to the United States...?) was left blank.

Gitation: 27 CFR 478 I24(c)(1)

Date Corrections to be Made: (Hnot corrected immediately)

(If our corrected immediately)

Corrective Action to be Taken: In the future, the licensee will carefully review the completed ATF Forms 447) prior to conducting a background check and prior to transferring the firearm to a non-licensee.

Please write firmly with a ball point pen when representative. The remaining copies will be st	completing this form, AT abmitted with the complet	F officers will prepar	Instructions re this form in tripli Supervisors will do	cate. The origi	inal co y from	py will be given the completed re	to the proprietor or a res port for their files.	ponsible
Name of Proprietor SOUTHERN GUNS LLC dba; Alpha Omega Weaponry	Street Address 1255 South U.S. Hig	Street Address 1255 South U.S. Highway 17-92			State FL	Zip Code 32750-	County Seminole	Page 5 of 7 Pages
License/Permit/Registry Number (If any) 159117078B15803		Expiration Date 2/1/2018		Date(s) or Period of Inspection 07/18/2015 through 07/18/2016				
An examination of your premises, records and	onerations has disclosud t		pection Results	explained to	VOIE			

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

Instructions

Please write firmly with a ball point pen when completing this form. ATF officers will prepare this form in triplicate. The original copy will be given to the proprietor or a responsible representative. The remaining copies will be submitted with the completed inspection report. Supervisors will detach one copy from the completed report for their files.

Name of Proprietor SOUTHERN GUNS LLC dba; Alpha Omega Weaponry	Street Address 1255 South U.S. Highway 17-92		City Longwood	Star FL	Zip Code 32750-	County Seminole	Page 6 of 7 Pages	
License/Permit/Registry Number (If any) 159117078B15803		Expiration Date 2/1/2018		Date(s) or Period of Inspection 07/18/2015 through 07/18/2016				

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Number: 5

Nature of Violation:

5. Failure by the licensee to obtain a properly completed ATF Form 4473 prior to the transfer of a firearm to a non-licensed transferce.

completed ATF Forms, the licensee accepted blank or erroneous answers.

e forms. Question 31 (Trade/corporate name and address of transferor) was left

the forms, Question 11a (Are you the actual transferee/buyer of the firearm(s) listed on this form?) was answered "No" or left blank and Question 31 (Trade/corporate name and address of transferor) and Question 32 (Federal Firearms Licensee Number) were left blank.

the forms. Question I la (Are you the actual transferee/buyer of the firearm(s) listed on this form?) was answered "No" or left blank.

the forms, Question 24 (Transferee's/Buyer's Signature) and Question 25 (Recertification Date) were left blank.

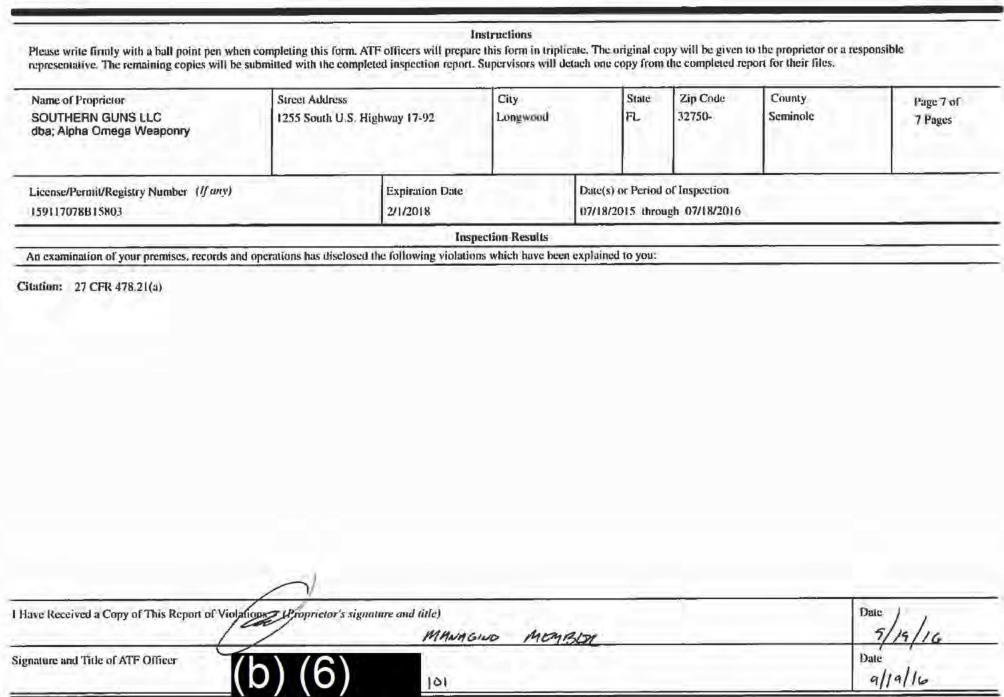
Date Corrections to be Made: (If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: In the future, the licensee will carefully review the completed ATF Forms 4473 prior to conducting a background check and prior to transferring the firearm to a non-licensee

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations





Bureau of Alcohol, Tobacco, Firearms and Explosives

Tampa Field Division

Orlando, FL 32817-8456

www.atf.gov

February 3, 2017

767055: WRP 5373

FOLLOW UP LETTER TO WARNING CONFERENCE

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Casey Allen Burke Southern Guns LLC dba: Alpha Omega Weaponry 1255 South U.S. 17-92 Longwood, FL 32750

Re: Federal Firearms License Number: 1-59-117-07-8B-15803

Dear Mr. Burke:

This letter is a follow-up to the Warning Conference held with you on January 30, 2017 at the Orlando Area Office. During this conference, the violations cited during the inspection of your Federal Firearms License by Investigators (b) (6) and (b) (6) covering the period of July 18, 2015 through July 18, 2016 and the necessary corrective actions to prevent the violation from recurring were discussed. Attendees included: (b) (6) Area Supervisor; (b) (6) Industry Operations Investigator; Casey Allen Burke, managing member of Southern Guns LLC; and (b) (6) employee of Southern Guns LLC.

You were given the opportunity to comment on the violations and what specific actions your business has taken to ensure that the violations of 27 CFR 478.123(a), 27 CFR 478.123(b), 27 CFR 478.123(d), 27 CFR 478.124(c)(1), and 27 CFR 478.21(a).

Regarding the acquisition and disposition recordkeeping violations, you stated you have taken (b) (6) out of the position of recording acquisitions and dispositions and placed (b) (6) n charge of completing the record and ensuring that it is up to date. You also stated that the business will be conducting inventories periodically to keep track of the inventory and records. You further stated you have stressed to all employees the importance of maintaining proper and accurate records. Area Supervisor(b) (6) and IOI(b) (6) stressed the importance

Southern Guns LLC

Federal Firearms License Number: 1-59-117-07-8B-15803

of you, (b) (6) being involved in the inventory and record keeping as you are the sole responsible person.

Regarding the violations for failure to obtain a properly completed ATF Form 4473, you stated tha (b) (6) was also reviewing these forms for mistakes and attempting to contact transferees to return to the business premises to make corrections to the forms. Further, if the error is in Section B or D, (b) (6) has the employee who signed the form make the corrections. IOI(b) (6) dvised you and (b) (6) that the proper method of correction was to make a copy of the form, make the correction on the form, and file the copy with the original. It was again stressed to you that as the managing member and sole responsible person, you would need to take a more active role in the verification of the records.

The violations for which your business was cited could adversely impact law enforcement's ability to reduce violent crime and protect the public. You and your employees are reminded that future violations, repeat or otherwise, could be viewed as willful and may result in the revocation of your Federal Firearms License. Your business may anticipate further inspections to ensure future compliance.

Investigato (b) (6) reviewed ATF Publication 5380.1, Loss Prevention for Firearms Retailers, with you and (b) (6) and asked you to review and analyze your security measures to help to prevent theft and loss of firearms. You stated that you have added an inventory security control where all hand guns are placed into locked metal boxes that are bolted to the floor for overnight storage.

Please contact us if you or your employees have any questions concerning your responsibilities as a licensee or require further clarification about any particular requirements of Federal Firearms Laws.

Sincerely yours,



cc: Federal Firearms Licensing Center Orlando II (IO)