


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000034911
 1. Entity Name
 THE BULLDOG EXCHANGE, LLC



Principal Place of Business 16182 93RD RD NORTH LOXAHATCHEE, FL 33470 US	Mailing Address 16182 93RD RD NORTH LOXAHATCHEE, FL 33470 US
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DO NOT WRITE IN THIS SPACE



01112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 86-1081646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTAVELLA, EVAN M
 16182 93RD RD NORTH
 LOXAHATCHEE, FL 33470

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000350718
 06/04/08-80002-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUINTAVELLA, EVAN M 16182 93RD RD NORTH LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHARMER, MICHELLE 16182 93RD RD NORTH LOXAHATCHEE, FL 33470
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE