

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000064156

1. Entity Name
SILVER BULLET TECHNOLOGIES, LLC



Principal Place of Business
**2500 NORTHWEST 107 AVENUE
SUITE 304
MIAMI, FL 33172**

Mailing Address
**2500 NORTHWEST 107 AVENUE
SUITE 304
MIAMI, FL 33172**



01172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1613783	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOSHUA L. DUBIN, P.A.
17701 BISCAYNE BLVD., SUITE 201
AVENTURA, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DORER, MARCIA E 2500 NORTHWEST 107 AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLAR, DANNY 2500 NORTHWEST 107 AVENUE SUITE 304 MIAMI, FL 33172
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01/25/06-80018-010 50.00

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IN THIS SPACE**

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: DANNY VILLAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-17-2006

Date

786-845-9880

Daytime Phone #