

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90132 046 ***138.75

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1613783	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DORER, DAVID H DIRECTO 2500 NORTHWEST 107 AVENUE SUITE 304 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name DORER, DAVID H. Street Address (P.O. Box Number is Not Acceptable) 2500 NORTHWEST 107 Avenue Suite 304 City MIAMI FL Zip Code 33172	
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			DATE 01-31-2008 (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DORER, MARCIA E 2500 NORTHWEST 107 AVENUE MIAMI, FL 33172	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLAR, DANNY 2500 NORTHWEST 107 AVENUE SUITE 304 MIAMI, FL 33172	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 01-31-2008 Daytime Phone 786-845-9880		