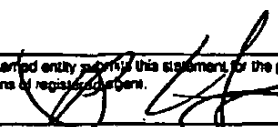
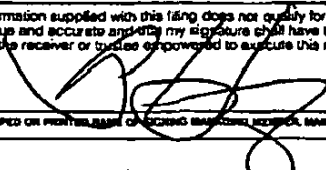


FILED
Apr 18, 2005 8:00 am
Secretary of State

03-25-2005 90132 013 ***150.00
02-22-2005 90071 024 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000079828			
1. Entity Name JOHNNY BOLTER LLC			
Principal Place of Business 8676 GRIFFIN ROAD COOPER CITY, FL 33328 US		Mailing Address 8676 GRIFFIN ROAD COOPER CITY, FL 33328 US	
2. Principal Place of Business 8676 Griffin Rd.		3. Mailing Address 8676 Griffin Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cooper City, FL.		City & State Cooper City, FL.	
Zip 33328		Zip 33328	
Country Broward		Country Broward	
4. FEI Number 20-1835205		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent HERTZ, BRADLEY 8676 GRIFFIN ROAD COOPER CITY, FL 33328	
7. Name and Address of New Registered Agent		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity certifies 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	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERTZ, BRADLEY 8676 GRIFFIN ROAD COOPER CITY, FL 33328 ☐ Delete	10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARRA, THOMAS 8676 GRIFFIN ROAD COOPER CITY, FL 33328 ☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1-27-04 954 252-0022	