

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90726 039 ****55.00

DOCUMENT # L01000009826

1. Entity Name

Bulletproof Management LLC

DO NOT WRITE IN THIS SPACE

80054562

2. Principal Place of Business

22301 SW 109 court

Suite, Apt. #, etc.

3. Mailing Address

1035 NE 125th street

Suite, Apt. #, etc.

Suite 101

City & State

South Miami, FL

City & State

North Miami, FL

Zip

33170

Country

USA

Zip

33161

Country

USA

4. FEI Number

05-0954298

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph L Sweeting

Street Address (P.O. Box Number is Not Acceptable)

22301 SW 109 court

City

South Miami

FL

Zip Code

33170

**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.

SIGNATURE

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

3-22-02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Charles Arnold
4340 NW 187 street
Miami, FL 33056

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IN THIS SPACE**

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:

Charles Arnold

3-22-02

305-891-9080

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

Date

Daytime Phone

CR2E083B (12/01)