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Secretary of State
02-05-2003 90038 049 ****55.00

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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000023213

1. Entity Name

THUNDERBOLT TECHNOLOGIES, LLC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5353 CONROY RD	5353 CONROY RD
Suite, Apt. #, etc. 220	Suite, Apt. #, etc. 220
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32811 Country USA	Zip 32811 Country USA

4. FEI Number 46-0498098 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MAYANK BHATT

Street Address (P.O. Box Number is Not Acceptable) 5353 CONROY ROAD

SUITE 220

City ORLANDO FL Zip Code 32811

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 Mayank Bhatt (Signature, typed or printed name of registered agent and title if applicable) DATE 1/27/2003

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	~~CHAIRMAN~~ Managing Member	TITLE	
NAME	ANIL I. VALBH	NAME	
STREET ADDRESS	5353 CONROY RD; SUITE 220	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811 USA	CITY-ST-ZIP	
TITLE	~~CHIEF EXECUTIVE OFFICER~~	TITLE	
NAME	MAYANK S. BHATT Managing Member	NAME	
STREET ADDRESS	5353 CONROY RD; SUITE 220	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811 USA	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/02)

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: Mayank Bhatt MAYANK S. BHATT 1/24/2003 407-650-5510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #