

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

03-01-2004 90313 046 ***150.00

DOCUMENT # L03000021228					
1. Entity Name BULLDOG, L.L.C.					
Principal Place of Business 151 MARY ESTHER BLVD., STE. 507 MARY ESTHER FL 32569			Mailing Address 151 MARY ESTHER BLVD., STE. 507 MARY ESTHER FL 32569		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. EEI Number 861079232	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SIDES, THOMAS H #7 CROSS CT. P.O. Box 242 DESTIN FL 32540				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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Thomas H. Sides 7 Cross Ct. Destin FL 32540	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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)(f), 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: <i>Marilyn Sides</i> 2-4-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					