2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) ...

## Apr 04, 2005 8:00 am Secretary of State DOCUMENT # L03000025325 03-11-2005 90057 017 \*\*\*\*50.00 1. Entity Name BULLET POWER EQUIPMENT, LLC Principal Place of Business Mailing Address 3355 SE DIXIE HWY STUART FL 34997 3355 SE DIXIE HWY STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 20-0083628 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUCKEY, JOHN 4045 NW 43RD ST Street Address (P.O. Box Number is Not Acceptable) STE A **GAINESVILLE FL 32606** City 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 terriliar with, and accept the obligations of registered agent. SIGNATURE Sgnature, typed or provide name of regressed agent and tall if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TILLE MGR 11115 Chance ■ Addition Celeta O'DONNELL, BRIAN K NAME NAME STREET ADDRESS 3355 SE DIXIE HWY STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP ☐ Delete Addition MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE C Deteta TITLE ☐ Change ☐ Addition NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST: 7IP C117-51-70 THE ☐ Deleta Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-70P MLE Delete TITLE. ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-S1-ZIP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information halphave the same legal effect as if made under oath; that I am a managing member or manager of the section this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with this indicated on this report is true and accurate and that **SIGNATURE**

ig member, manager, or authorized representative

**FILED**