

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90431 032 ****50.00

DOCUMENT # L03000034911

1. Entity Name
THE BULLDOG EXCHANGE, LLC



Principal Place of Business
7686 CEDAR HURST COURT
LAKE WORTH, FL 33467 US

Mailing Address
7686 CEDAR HURST COURT
LAKE WORTH, FL 33467 US



2. Principal Place of Business
17109 Murcott Blvd
Suite, Apt. #, etc.

3. Mailing Address
17109 Murcott Blvd
Suite, Apt. #, etc.

03252005 Chg-LLC CR2E083 (10/03)

City & State
Loxahatchee, FL
Zip
33470 Country

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Loxahatchee, FL
Zip
33470 Country

4. FEI Number 86-1081646 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Evan M. Quintavella
Street Address (P.O. Box Number is Not Acceptable)
17109 Murcott Blvd
City Loxahatchee FL Zip Code 33470

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-04

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME QUINTAVELLA, EVAN M
STREET ADDRESS 7686 CEDAR HURST CT
CITY-ST-ZIP LAKE WORTH, FL 33467 ☐ Delete

TITLE MGRM
NAME SCHARMER, MICHELLE
STREET ADDRESS 7686 CEDAR HURST COURT
CITY-ST-ZIP LAKE WORTH, FL 33467 ☐ 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 MGRM
NAME Quintavella, Evan M.
STREET ADDRESS 17109 Murcott Blvd
CITY-ST-ZIP Loxahatchee, FL 33470 ☒ Change ☐ Addition

TITLE MGRM
NAME Scharmer, Michelle
STREET ADDRESS 17109 Murcott Blvd
CITY-ST-ZIP Loxahatchee, FL 33470 ☒ 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)(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:

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

Date

Daytime Phone #

4-104