2005 LIMITED LIABILITY COMPANY

FILED Apr 04, 2005 8:00 am

ANNOAL NEFONI					- Secretary of State					
DOCUMENT # L03000034911						4-04-2005 90	•			
1. Entity Name THE BULLDOG EXCHANGE, LLC					V	7-07-2003 30	7-151 052	30.00	,	
l j			1	11.51						
1 '	e of Business	Mailing Address								
7686 CEDAR HURST COURT 7686 CEDAR HURST COUR LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467										
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2. Principal Place of Business 3. Mailing Address										
	09 Murcott Blvd	17109 Murcott Blvd			I IZBUZU ZI	. ==1== 1444 ==144 ==144 1	P P IN	riera rarer fraië) ili	9681 III 1881	
					03252005	Chg-LLC		083 (10/03)		
City & State Loxahatchee, FL		City & State Loxahatchec, FC			4. FEI Numb	er 86- 10	781641	A A	pplied For ot Applicable	
Zip 3341	Country	Zip 33470	Country		5. Certificate	of Status Desired		\$5.00 Add	ditional	
354	6. Name and Address of Current I		<u> </u>		7. Name and	Address of New	Registered	Fee Require	ed	
				-Name Evan M. Quintavella						
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Address (F	O. Box Numb	er is Not Accepta		 		
TALLAHASSEE, FL 32301				1.0.		;				
City (_City					hatchee FL Ziggigy10					
8. The above named entity submits in statement for the purpose of changing its registered office or registered									and accept	
the obligations of registered agent. 4-1-04										
SIGNATURE	Signature, typed or printed name of registered agent a	4.675						<u>, </u>		
	Signature, typed or privide traine expectaned again a	AC USE IT approache. (NOTE:	Registered Agent signs	parinber earn	when reinstating)		DATE			
	1	ла вие в аррясавие. (NQTE:	Registered Agent signa	ture required	when reinstating)	M		navable to	_	
	iling Fee is \$50.00 ue by May 1, 2005	AC USE IT REPREZIONE. (NC) I E: I	Registered Agent signa	ture required	when reinstating)		ake check	payable to nent of Stat	e	
	iling Fee is \$50.00		Registered Agent signs	ture required	when reinstaling)	Flori	ake check	nent of Stat	e	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM QUINTAVELLA, EVAN M 7686 CEDAR HURST CT LAKE WORTH, FL 33467 MGRM	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MUF QUI 1710 LOX	im ntavell 9 Murco Linatene	ADDITION 4, EVAN M H BIVL Le, FL 334	ake check da Departr S/CHANGE	nent of Stat		
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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 the 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 received in the execute this report as required by Chapter 608, Florida Statutes.

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