

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000034911

1. Entity Name
THE BULLDOG EXCHANGE, LLC



Principal Place of Business
16182 93RD RD NORTH
LOXAHATCHEE, FL 33470 US

Mailing Address
16182 93RD RD NORTH
LOXAHATCHEE, FL 33470 US



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

QUINTAVELLA, EVAN M
16182 93RD RD NORTH
LOXAHATCHEE, FL 33470

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000350718
06/04/08-80002-017 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM QUINTAVELLA, EVAN M 16182 93RD RD NORTH LOXAHATCHEE, FL 33470 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHARMER, MICHELLE 16182 93RD RD NORTH LOXAHATCHEE, FL 33470 |
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____