

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90128 028 ****50.00

DOCUMENT # L04000022878

1. Entity Name
THUNDERFLOWER, L.L.C.



Principal Place of Business
**2022 N.E. 18TH STREET
FT. LAUDERDALE, FL 33305**

Mailing Address
**960 SPRING ST NW
ATLANTA, GA 30309**

20046651



01162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1511463

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRANTALIS, DEAN J ESQ.
2255 WILTON DRIVE
WILTON MANORS, FL 33305**

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FRANKEL, RICHARD
960 SPRING ST NW
ATLANTA, GA 30309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FARKAS, LEE
101 NE 2ND STREET
OCALA, FL 34470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
FARKAS, LEE
101 NE 2ND STREET
OCALA, FL 34470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

Richard Frankel

5/1/06 678-201-2410