


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90208 024 ****50.00

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| DOCUMENT # L05000062157 | | | |  | |
| 1. Entity Name THUNDERBOLT ENGINEERING, LLC | | | | | |
| Principal Place of Business 197 LANTERNBACK ISLAND DRIVE SATELLITE BEACH, FL 32937 US | | | Mailing Address 197 LANTERNBACK ISLAND DRIVE SATELLITE BEACH, FL 32937 US | | |
| 2. Principal Place of Business - No P.O. Box # 471 TORTOISE VIEW CIRCLE Suite, Apt. #, etc. | | 3. Mailing Address 471 TORTOISE VIEW CIRCLE Suite, Apt. #, etc. | | | |
| City & State SATELLITE BEACH, FL | | City & State SATELLITE BEACH, FL | | 4. FEI Number 72-1602733 | |
| Zip 32937 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCLEOD, MICHAEL R 197 LANTERNBACK ISLAND DRIVE SATELLITE BEACH, FL 32937 | | | 7. Name and Address of New Registered Agent Name MCLEOD, MICHAEL R. Street Address (P.O. Box Number is Not Acceptable) 471 TORTOISE VIEW CIRCLE City SATELLITE BEACH FL Zip Code 32937 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCLEOD, MICHAEL R <input type="checkbox"/> Delete 197 LANTERNBACK ISLAND DRIVE SATELLITE BEACH, FL 32937 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCLEOD, MICHAEL R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 471 TORTOISE VIEW CIRCLE SATELLITE BEACH, FL 32937 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Michael R. McLeod</i> MICHAEL R. MCLEOD | | | 3 JAN 07 321-795-4381 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |