

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074106

FILED  
Sep 05, 2008  
Secretary of State

**Entity Name:** SILVER BULLET COMMUNICATIONS, LLC

**Current Principal Place of Business:**

7200 LAKE ELLENOR DR  
SUITE 205  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

7200 LAKE ELLENOR DR  
SUITE 205  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 20-3243625      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMITH, MICHAEL D SR  
7200 LAKE ELLENOR DR  
SUITE 205  
ORLANDO, FL 32809 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, MICHAEL D SR  
Address: 7200 LAKE ELLENOR DR  
City-St-Zip: ORLANDO, FL 32809

Title: MGRM ( ) Delete  
Name: SMITH, MICHAEL D JR.  
Address: 7200 LAKE ELLENOR DR  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL D. SMITH SR.

PRES

09/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date