


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90238 001 ***138.75

| | |
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| DOCUMENT # L05000076424 |  |
|--------------------------------|---|

1. Entity Name
BULLARD ELECTRONICS, LLC

| | |
|---|---|
| Principal Place of Business 2325 ULMERTON ROAD 20 CLEARWATER, FL 33762 | Mailing Address 2325 ULMERTON ROAD 20 CLEARWATER, FL 33762 |
|---|---|



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3257860

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, GREG
2325 ULMERTON ROAD
20
CLEARWATER, FL 33762

Name *Paul Bullard*
Street Address (P.O. Box Number is Not Acceptable)

2325 Ulmerton Rd, Suite 20
City *CLEARWATER* FL Zip Code *33762*

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BULLARD, FRED JR 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>MGR Paul Bullard 2325 Ulmerton Rd, Suite 20 Clearwater, FL 33762</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|--|---|--|

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| 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:

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

Date

Daytime Phone #

4/2/08 *727-576-6424*