

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033215

FILED  
Jul 09, 2007  
Secretary of State

Entity Name: BUMPIL LLC

## Current Principal Place of Business:

3740 BRENNAN DRIVE  
MELBOURNE, FL 32934 US

## New Principal Place of Business:

495 STAN DRIVE  
SUITE 105  
MELBOURNE, FL 32904 US

## Current Mailing Address:

3740 BRENNAN DRIVE  
MELBOURNE, FL 32934 US

## New Mailing Address:

P.O. BOX 411433  
MELBOURNE, FL 32941 US

FEI Number: 51-0571350      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

DOCKENDORF, ANNEMARIE  
3740 BRENNAN DRIVE  
MELBOURNE, FL 32934 US

## Name and Address of New Registered Agent:

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: DOCKENDORF, ANNEMARIE  
Address: 3740 BRENNAN DRIVE  
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM (X) Delete  
Name: DOCKENDORF, KIRK  
Address: 3740 BRENNAN DRIVE  
City-St-Zip: MELBOURNE, FL 32934

## 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: ANNEMARIE DOCKENDORF

MGRM

07/09/2007

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