

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90015 012 \*\*\*138.75

**DOCUMENT # L06000089828**

1. Entity Name  
**BULLET, LLC**



Principal Place of Business  
**4128 CAUSEWAY VISTA DR.  
TAMPA, FL 33615 US**

Mailing Address  
**4128 CAUSEWAY VISTA DR.  
TAMPA, FL 33615 US**

**DO NOT WRITE IN THIS SPACE**



01082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number **20-5689149** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STEWART, DENIS W  
4128 CAUSEWAY VISTA DR.  
TAMPA, FL 33615**

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
STEWART, DENIS  
4128 CAUSEWAY VISTA DR.  
TAMPA, FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
YATES, PAUL  
4128 CAUSEWAY DR.  
TAMPA, FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

**1/9/08 813-882-3905**