


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90330 026 \*\*\*\*50.00

<b>DOCUMENT # L06000114864</b>	
1. Entity Name <b>BULLDOG TESTING, L.L.C.</b>	

Principal Place of Business <b>1069 U.S. HIGHWAY 92 WEST AUBURNDALE, FL 33823</b>	Mailing Address <b>1069 U.S. HIGHWAY 92 WEST AUBURNDALE, FL 33823</b>
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60047277



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>8803 INDUSTRIAL DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04232007 Chg-LLC CR2E083 (12/06)

City & State <b>Tampa FL</b>	City & State <b>Tampa FL</b>
Zip <b>33637</b>	Country <b>USA</b>

4. FEI Number <b>45-0547609</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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**GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756**

Name <b>MICHAEL McENANY</b>
Street Address (P.O. Box Number is Not Acceptable) <b>8803 INDUSTRIAL DR</b>
City <b>Tampa</b>
State <b>FL</b>
Zip Code <b>33637</b>

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  DATE **4/24/07**

**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 <b>D MICHAEL McENANY 8803 INDUSTRIAL DR Tampa FL 33637</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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:  DATE **4/24/07**