

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048704

Entity Name: AMERICAN BULB COMPANY LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

13590 BRYNWOOD LANE
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

13590 BRYNWOOD LANE
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0615597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GORNT0, GEORGIA N
4191 BELLASOL CIR. #511
FT. MYERS, FL 33916 US

Name and Address of New Registered Agent:

ZIPPERER, JOHN O III
13590 BRYNWOOD LN
FT. MYERS, FL 33912 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: JOHN O. ZIPPERER III

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: GORNT0, GEORGIA
Address: 4191 BELLASOL CIR. #511
City-St-Zip: FT. MYERS, FL 33916

Title: SEC () Delete
Name: ZIPPERER, JOHN O III
Address: 13590 BRYNWOOD LANE
City-St-Zip: FT. MYERS, FL 33912

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ZIPPERER, JOHN O III
Address: 13590 BRYNWOOD LN
City-St-Zip: FT. MYERS, FL 33912

Title: SEC (X) Change () Addition
Name: ROGERS, CHRISTY L
Address: 13590 BRYNWOOD LANE
City-St-Zip: FT. MYERS, FL 33912

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: JOHN O. ZIPPERER III

PRES

04/28/2009

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