

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110143

FILED
Aug 25, 2009
Secretary of State

Entity Name: THUNDERBOLT FIREWORKS OF WEST COCOA, LLC

Current Principal Place of Business:

4875 W. HWY. 520
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

4875 W. HWY. 520
COCOA, FL 32922

New Mailing Address:

FEI Number: 26-1406303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

MARSH, KEVIN
4875 W. HWY. 520
COCOA, FL 32922 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARSH, KEVIN
Address: 4875 W. HWY. 520
City-St-Zip: COCOA, FL 32922

Title: MGRM () Delete
Name: O'NEIL, THOMAS
Address: 4875 W. HWY 520
City-St-Zip: COCOA, FL 32922

Title: MGRM () Delete
Name: O'NEIL, LARRY
Address: 4875 W HWY 520
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HEITGER, JACK
Address: 4875 W HWY 520
City-St-Zip: COCOA, FL 32922

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: KEVIN MARSH

MGRM

08/25/2009

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