

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000110150

FILED
Jul 17, 2008
Secretary of State

Entity Name: THUNDERBOLT FIREWORKS OF WEST MELBOURNE, LLC

Current Principal Place of Business:

3286 W. NEW HAVEN AVE.
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

3286 W. NEW HAVEN AVE.
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 26-1406361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THUNDERBOLT FIREWORKS, INC.
3286 W. NEW HAVEN AVE.
WEST MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

MARSH, KEVIN
3286 W. NEW HAVEN AVE.
WEST MELBOURNE, FL 32904 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: KEVIN MARSH

07/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THUNDERBOLT FIREWORK, S, INC.
Address: 3286 W. NEW HAVEN AVE.
City-St-Zip: WEST MELBOURNE, FL 32904

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARSH, KEVIN
Address: 3286 W. NEW HAVEN AVE.
City-St-Zip: WEST MELBOURNE, FL 32904

Title: MGRM () Change (X) Addition
Name: HEITGER, JACK
Address: 3286 W. NEW HAVEN AVE.
City-St-Zip: WEST MELBOURNE, FL 32904

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

07/17/2008

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