

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067279

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE THUNDER BROTHERS, LLC.

Current Principal Place of Business:

14130 CEDARDALE ST
FORT MYERS, FL 33905 US

New Principal Place of Business:

2114 N.E. 17TH. PLACE
CAPE CORAL, FL 33909 US

Current Mailing Address:

14130 CEDARDALE ST
FORT MYERS, FL 33905 US

New Mailing Address:

P.O. BOX 62134
FORT MYERS, FL 33906 US

FEI Number: 26-3010815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINCEL, MITCHELL P MR.
14130 CEDARDALE ST
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

BURKE, PAULA
2930 S.W. 1ST. PLACE
CAPE CORAL, FL 33914 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: PAULA BURKE

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FINCEL, ROY F
Address: 133 N. OAK
City-St-Zip: BIG CABIN, OK 74332 US

Title: MGR () Delete
Name: BURKE, PAULA
Address: 2930 S.W. 1ST PLACE
City-St-Zip: CAPE CORAL, FL 33910 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FINCEL, ROY F
Address: 133 N. OAK
City-St-Zip: BIG CABIN, OK 74332 US

Title: MGRM (X) Change () Addition
Name: FINCEL, MITCHELL P
Address: 2114 N.E. 17TH. PLACE
City-St-Zip: CAPE CORAL, FL 33909 US

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: MITCHELL P. FINCEL

MGRM

04/29/2009

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