2000	n nuilakw ra2	INE22 REPU	KI	(UBK)					
DOCUMENT # L9900003020 1. Entity Name									
BULLET SERVICES, L.L.C.					FILED				
-	W. W. 1980 11. 11. 11.					00 JAN 13 AM 7	: 56		
Principal Place of Business 25001 GOLDCREST DRIVE BONITA SPRINGS FL 34134		Mailing Address 25001 GOLDCREST DRIVE BONITA SPRINGS FL 34134-7952				SECRETARY OF			
						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			A FELL	4. FEI Number Applied For			
					6.	65- 0 921566 Not Applicable			
Zip	Country	Zip	Cour	ntry	5. Cert		\$5.00 Adi Fee Require		
	6. Name and Address of Current	Registered Agent		Name	7. Nam	e and Address of New Registered A	gent		7
O'MALLEY, PETER				Street Addres	Address (P.O. Box Number is Not Acceptable)				
25001 GOLDCREST DRIVE BONITA SPRINGS FL 34134									-
DUNITA	PENINGS FL 34134					FL	Zip Cod	Je	-
8. The above named entity submits this statement for the purpose of changing its regis				ed office or regis	tered agent				-
		s. the perpose of enemying he	. og.o.o.						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	od Agent signature requi	ired when reinstat	ing) DATE			
		FILE NO	ווושכ	FEE IS \$50.0	0				
		Make Check Pa	yable t	o Department	of State				
9.	MANAGING MEMB	ERS/MEMBERS	10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES			- - - - - - -
TITLE NAME	MGRM O'MALLEY, PETER	☐ Delete	TITL			70000031,040		Addition	36/6)
STREET ADDRESS CITY-ST-ZIP	25001 GOLDCREST DRIVE BONITA SPRINGS FL			EET ADDRESS \$T-ZIP		-01/20/000: *****50.00			2E083 (9/99)
TITLE	MGRM	Delete	TITL				Change	Addition	¬ œ
NAME STREET ADDRESS	SAWICKI, SCOTT 3440 FAIRMONT BLVD		NAM Stre	IE EET AODRESS					
CITY-81-ZIP	YORBALINDA CA		CITY	7-81-21P					1
TITLE NAME		Delete	TIT). NAM				Change	Addition	
STREET ADDRESS COTY- ST- ZIP			i i	EFT ADORESS					
пти:		Detete	TITL			<u> </u>	Change	Addition	\dashv
NAME STREET ADDRESS	'		NAM Stre	EET ADDRESS					
CITY-ST-ZIP	. 3*		CITY	?- 8T- ZIP					_
TITLE NAME	·	☐ Deteta	TITL			4~	Change	Addillon	
STREET ADDRESS CITY-8T-ZIP	,			EET ADDRESS - ST-ZIP		•			
DITLE }			TITL				Change	Addition	-
RAME STREET ADDRESS			NAM STRE	IE Eet address	•				
CITY-8T-ZIP			CITY	- ST- ZIP					
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver of truster	this filing does not qualify for I hat my signature shall bay	the exe	mption stated in e legal effect as it	Section 119.6 f made unde	07(3)(i), Florida Statutes. I further certi r oath; that I am a managing member wida Statutes	fy that the in or manage	nformation or of the	
шитеа на	ionity company or the receiver or truster	e empowered to execute this i	eport as	s required by Cha	ipier 000, FiC	A .			
SIGNAT	URE:	f flle	2 2 2 3 3 4 4 5 5 5 5 5 6 5 6 5 6 5 6 5 6 5 6 6 6 6	2		1-11-80			
	SIGNATURE AND TYPED OR PRI	NTED MANE OF SIGNING MANAGING	MEMBER C	JH MANAGER		Date Da	ytime Phone #		1