

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90220 049 \*\*\*\*55.00

**DOCUMENT # M06000004741**

1. Entity Name  
**BULLET LINE, LLC**



Principal Place of Business  
**C/O LEEDSWORLD, INC.  
400 HUNT VALLEY ROAD  
NEW KENSINGTON, PA 15068**

Mailing Address  
**C/O LEEDSWORLD, INC.  
400 HUNT VALLEY ROAD  
NEW KENSINGTON, PA 15068**

**40116552**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**15959 NW 15 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05162007 Chg-LLC CR2E083 (12/06)

City & State

City & State

**MIAMI, FL**

4. FEI Number  
**13-4339271**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33169**

**USA**

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when amending)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BERNSTEIN, MICHAEL S  
480 HUNT VALLEY ROAD  
NEW KENSINGTON, PA 15068** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**NEAL FARR**

**5/15/2007**

Date

**305-623-9223**

**EXT. 7120**

Daytime Phone #