

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000025713

**FILED**  
**Oct 12, 2005**  
**Secretary of State**

**Entity Name:** BEAVER'S BUG BLASTERS, LLC

**Current Principal Place of Business:**

1089 ATLANTIC BLVD  
#18  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

1794 ROGERO RD  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

PO BOX 50367  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

FEI Number: 20-0090483      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLUNK, CLYDE T  
518 13TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250      US

**Name and Address of New Registered Agent:**

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: CLYDE T BLUNK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BLUNK, CLYDE T  
Address: 518 13TH AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLYDE T BLUNK

MGR

10/12/2005

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