

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 16, 2008
Secretary of State

DOCUMENT# L03000025713

Entity Name: BEAVER'S BUG BLASTERS, LLC

Current Principal Place of Business:

1794 ROGERO ROAD
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

225 COMMERCIAL AVENUE
EAST PALATKA, FL 32131 US

Current Mailing Address:

PO BOX 50367
JACKSONVILLE BEACH, FL 32240 US

New Mailing Address:

FEI Number: 20-0090483 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLUNK, CLYDE T
1794 ROGERO ROAD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

BLUNK, CLYDE T
225 COMMERCIAL AVENUE
JACKSONVILLE, FL 32131 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: CLYDE BLUNK

10/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLUNK, CLYDE T
Address: PO BOX 50367
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: MGR () Delete
Name: MIDDLETON, PATRICK
Address: 1794-1002 ROGERO ROAD
City-St-Zip: JACKSONVILLE, FL 32211 US

ADDITIONS/CHANGES:

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

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

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: CLYDE BLUNK

MGR

10/16/2008

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