2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State
05-15-2008 90079 047 ***138.75

30009924

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1. Entity Name
BUMP MATERNITY AND MORE LLC

Principal Place of Business	Mailing Address
9130 GALLERIA COURT 178 NAPLES, FL 34109 US	1375 HENLEY STREET 404 NAPLES, FL 34105 US

04232008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2355 Vanderbilt Beach Rd	
Suite, Apt. #, etc.: 178	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State
Zip: 34109 Country: USA	Zip Country

4. FEI Number 0404811 26-0[illegible] ☐ Applied For ☐ Not Applicable

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
ERICK, KERRY F 1375 HENLEY STREET 404 NAPLES, FL 34105	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 Ky Erick
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ERICK, KERRY F 1375 HENLEY STREET #404 NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Ky Erick 6-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #