

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000025713

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

**Current Principal Place of Business:**

1794 ROGERO ROAD  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

PO BOX 50367  
JACKSONVILLE BEACH, FL 32240 US

**FEI Number:** 20-0090483

**Certificate of Status Desired:** No

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

BLUNK, CLYDE T  
415 IREX ROAD  
ATLANTIC BEACH, FL 32233 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	BLUNK, CLYDE T	Name	MIDDLETON, PATRICK
Address	415 IREX ROAD	Address	1794-1002 ROGERO ROAD
City-State-Zip:	ATLANTIC BEACH FL 32233	City-State-Zip:	JACKSONVILLE FL 32211

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLYDE T BLUNK

**OWNER**

**03/25/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date