

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000082027

**Entity Name:** MY BUDDY BLING, LLC

**Current Principal Place of Business:**

20320 NW 105 AVENUE  
MICANOPY, FL 32667

**Current Mailing Address:**

20320 NW 105 AVENUE  
MICANOPY, FL 32667 US

**FEI Number:** 45-5552271

**Certificate of Status Desired:** No

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

DAVIS, PATRICIA M  
20320 NW 105 AVENUE  
MICANOPY, FL 32667 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            | DAVIS, PATRICIA M   | Name            | DAVIS, WILLIAM S    |
| Address         | 20320 NW 105 AVENUE | Address         | 20320 NW 105 AVENUE |
| City-State-Zip: | MICANOPY FL 32667   | City-State-Zip: | MICANOPY FL 32667   |

*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:** PATRICIA M. DAVIS

**MGR**

**04/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date