

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000411159

Entity Name: BUBS SUPPLY LLC

Current Principal Place of Business:

7901 4TH STREET NORTH SUITE 300
ST. PETERSBURG, FL 33702

Current Mailing Address:

7901 4TH STREET NORTH SUITE 300
ST. PETERSBURG, FL 33702 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH STREET NORTH SUITE 300
ST. PETERSBURG, FL 33702 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 AMBR
Name CLOSSON, OTIS
Address 7901 4TH STREET NORTH SUITE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AMBR
Name BUSSARD, RYAN
Address 7901 4TH STREET NORTH SUITE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AMBR
Name DALZIEL, DILLON
Address 7901 4TH STREET NORTH SUITE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AMBR
Name WEBER, WES
Address 7901 4TH STREET NORTH SUITE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AMBR
Name DEVLIN, NICK
Address 7901 4TH STREET NORTH SUITE 300
City-State-Zip: ST. PETERSBURG FL 33702

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: OTIS CLOSSON

MEMBER

04/28/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date