

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90256 037 ****50.00

DOCUMENT # L01000022226

1. Entity Name

BODYGUARDZ, LLC

DO NOT WRITE IN THIS SPACE

960516

2. Principal Place of Business

6662 NATURE PRESERVE CT

Suite, Apt. #, etc.

#

City & State

NAPLES, FL

Zip

34109

Country

USA

3. Mailing Address

6662 NATURE PRESERVE CT

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34109

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH M. OUSIN

Street Address (P.O. Box Number is Not Acceptable)

6662 NATURE PRESERVE CT

City

NAPLES

FL

Zip Code

34109

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

5.1.02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
JOSEPH M. OUSIN
6662 NATURE PRESERVE CT.
NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
DOUGLAS M. OUSIN
841 12th ST S.E.
NAPLES FL 34117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JOSEPH M. OUSIN, Agent

5.1.02

941-596-6634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #