

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000006080**

1. Entity Name  
**CAMP RED BUG, LLC**



Principal Place of Business  
**1808 82ND ST NW  
BRADENTON, FL 34209**

Mailing Address  
**1808 82ND ST NW  
BRADENTON, FL 34209**



02102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**45-0472669**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SIFRIT, ROBERT C  
19031 MCGRATH CIR  
PORT CHARLOTTE, FL 33448**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	JOHNSTON, GARY L
STREET ADDRESS	1808 82ND ST., NW
CITY - ST - ZIP	BRADENTON, FL 34209
TITLE	MGR
NAME	GRIFFITH, KEN R
STREET ADDRESS	3915 RIVERVIEW BLVD., WEST
CITY - ST - ZIP	BRADENTON, FL 34209
TITLE	MGR
NAME	SIFRIT, ROBERT C
STREET ADDRESS	19031 MCGRATH CIRCLE
CITY - ST - ZIP	PORT CHARLOTTE, FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/28/07-80095-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 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 of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

**2-17-2007**

Date

Dr

**(941)35**