2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 16, 2003 8:00 am
Secretary of State
03-28-2003 90004 038 ****55.00

DOCUMENT # L02000014573

1. Entity Name
LUVBUGS LLC

Principal Place of Business	Mailing Address
3100 S. FLORIDA AVE. INVERNESS FL 34450	9390 S. LONGBRANCH AVE. INVERNESS FL 34452

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-045-4280 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOHAMMED, WINSTON 9390 S. LONGBRANCH AVE. INVERNESS FL 34452	Name PESTANA, WINSTON Street Address (P.O. Box Number is Not Acceptable) 9390 S. LONGBRANCH AVE. City INVERNESS FL Zip Code 34452

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 FORMER- Winston Mohammed, WINSTON MOHAMMED PRESENT Winston Pestana 3/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME MOHAMMED, WINSTON STREET ADDRESS 9390 S. LONGBRANCH AVE. CITY-ST-ZIP INVERNESS FL 34452	☐ Delete	TITLE ~~MGR~~ MANAGING MEMBER NAME PESTANA, WINSTON STREET ADDRESS 9390 S. LONGBRANCH AVE. CITY-ST-ZIP INVERNESS, FL. 34452	☑ Change ☐ Addition
TITLE MGR NAME MOHAMMED, KIMBERLY E STREET ADDRESS 9390 S. LONBRANCH AVE. CITY-ST-ZIP INVERNESS FL 34452	☐ Delete	TITLE MANAGING MEMBER NAME PESTANA, KIMBERLY STREET ADDRESS 9390 S. LONGBRANCH AVE. CITY-ST-ZIP INVERNESS, FL, 34452	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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

Winston Pestana - MGRM. 4/11/03

SIGNATURE: SIGNATURE REQUIRED Winston Pestana (managing member) 3/25/03 352-726-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #