


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90158 001 ****50.00

DOCUMENT # L03000006668	
1. Entity Name BUB, LLC	

Principal Place of Business 6320 N.W. 77 COURT PARKLAND FL 33067	Mailing Address 6320 N.W. 77 COURT PARKLAND FL 33067
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2. Principal Place of Business 12140 Wiles Road	3. Mailing Address 12140 Wiles Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Springs FL	City & State Coral Springs, FL
Zip 33076	Zip 33076
Country USA	Country USA



1st MOORE CR2E083 (10/04)

4. FEI Number 77-0651310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHANNON, KAREN G 6320 N.W. 77 COURT PARKLAND FL 33067	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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 _____ (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, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHANNON, KAREN G 6320 N.W.77 COURT PARKLAND FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Karen G Shannon President 1-24-05 954-202-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #