


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000043012	
1. Entity Name BUG PRO FLORIDA LLC	

Principal Place of Business 4080 BRIARFOREST RD W JACKSONVILLE, FL 32277	Mailing Address BOX 8085 JACKSONVILLE, FL 32239
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02122005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0359824	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HANSON, FRANCES E 4080 BRIARFOREST RD W JACKSONVILLE, FL 32277

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee Is \$50.00
Due by May 1, 2005

U000000229782
02/15/05-80013-005 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANSON, FRANCES E 4080 BRIARFOREST RD W JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WATERS, TAMMI L 4080 BRIARFOREST RD W JACKSONVILLE, FL 32277
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Frances E. Hanson Frances E. Hanson 2-12-05 904-588-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #