

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000049743

1. Entity Name
WHAT BUGS?, L.L.C.



Principal Place of Business

131 18TH STREET SE
NAPLES, FL 34117

Mailing Address

P.O. BOX 111613
NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE



04212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0405621

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAWEC, DAVID P
131 18TH STREET SE
NAPLES, FL 34117

**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

David P. Krawec

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

(NOTE: Registered Agent signature required when reappointing)

4/25/2008
DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000932448
05/22/08-80055-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KRAWEC, DAVID P
131 18TH STREET SE
NAPLES, FL 34117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KRAWEC, DARLENE A
131 18TH STREET SE
NAPLES, FL 34117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

David P. Krawec

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

4/25/2008 (239) 348 0376

Date Daytime Phone #