

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000066335

1. Entity Name
CUDDLEBUGS, LLC



SECRET
DIVISION
06 FEB 24 AM 9:40
STATE
PATENTS

Principal Place of Business
28 A.S. BLVD. OF PRESIDENTS
SARASOTA, FL 34236

Mailing Address
505 REMORA CIRCLE
FRIPP ISLAND, SC 29920

2. Principal Place of Business
319 John Ringling Blvd.
Suite, Apt. #, etc.

3. Mailing Address
319 John Ringling Blvd.
Suite, Apt. #, etc.



02232006 REIN-LLC CR2E101 (11/05)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
20-1553747

Applied For
Not Applicable

Zip Country
34236 U.S.

Zip Country
34236 U.S.

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

6. Name and Address of Current Registered Agent

WHEAT, KRISTI
28 A.S. BLVD. OF PRESIDENTS
SARASOTA, FL 34236

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 *Kristi Wheat*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WHEAT, KRISTI
STREET ADDRESS 505 REMORA CIRCLE
CITY-ST-ZIP FRIPP ISLAND, SC 29920 ☐ Delete

TITLE MGRM
NAME WHEAT, CHRISTOPHER
STREET ADDRESS 505 REMORA CIRCLE
CITY-ST-ZIP FRIPP ISLAND, SC 29920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 7552 Andora Drive
CITY-ST-ZIP Sarasota, FL 34236 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 7552 Andora Drive
CITY-ST-ZIP Sarasota, FL 34236 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 000067303520
03/07/06--01018--013 **200.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP REINSTATEMENT 05-06 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Kristi Wheat*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-23-06 941-388-1735
Date Daytime Phone #