

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066335

Entity Name: CUDDLEBUGS, LLC

FILED
Jul 13, 2007
Secretary of State

Current Principal Place of Business:

319 JOHN RINGLING BLVD
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

319 JOHN RINGLING BLVD
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-1553747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WHEAT, KRISTI
5646 WHITEHEAD ST
BRADENTON, FL 34203 US

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.

SIGNATURE: KRISTI L WHEAT

07/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHEAT, KRISTI
Address: 7552 ANDORA DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: WHEAT, CHRISTOPHER
Address: 7552 ANDORA DRIVE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WHEAT, KRISTI
Address: 5646 WHITEHEAD ST
City-St-Zip: BRADENTON, FL 34203

Title: MGRM (X) Change () Addition
Name: WHEAT, CHRISTOPHER
Address: 5646 WHITEHEAD ST
City-St-Zip: BRADENTON, FL 34203

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 L WHEAT

MRS.

07/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date