

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2006 8:00 am
Secretary of State
05-09-2006 90012 012 ****50.00

DOCUMENT # L 05000089908
1. Entity Name

MUGSY, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2508 nw 24TH STREET
Suite, Apt. #, etc

3. Mailing Address
2508 NW 24th street
Suite, Apt. #, etc.

30011136

DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FL
Zip
33993

Country

City & State
CAPE CORAL, FL
Zip
33993

Country

4. FEI Number
18-1569874

Applied For
☐ **Not Applicable**

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

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City TALLAHASSEE **FL** **Zip Code** 32301

**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

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

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JAMES ABBONDANZA
STREET ADDRESS 1141 ESCARPMENT DRIVE
CITY-ST-ZIP LEWISTON, NY 14092

TITLE MGRM
NAME MICHAEL ABBONDANZA
STREET ADDRESS 2508 NW 24TH STREET
CITY-ST-ZIP CAPE CORAL, FL 33993

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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:

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

Date

Daytime Phone #

CFR060819 (12/02)