

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90017 031 \*\*\*138.75

**DOCUMENT # L06000013698**

1. Entity Name  
**WATER BUGS SWIM SCHOOL, LLC**



Principal Place of Business

**2545 SW MAYACOO WAY  
PALM CITY, FL 34990 US  
1520 NW Fork Road  
STUART, FL 34994**

Mailing Address

**2545 SW MAYACOO WAY  
PALM CITY, FL 34990 US  
1520 NW Fork Road  
STUART, FL 34994**



03132008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**CROOK, KIMBERLY S  
2545 SW MAYACOO WAY  
PALM CITY, FL 34990** **1520 NW Fork Road  
STUART, FL 34994**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CROOK, KIMBERLY S 2545 SW MAYACOO WAY PALM CITY, FL 34990</b> <b>1520 NW Fork Road STUART FL 34994</b>
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**DO NOT WRITE  
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:** *x Kimberly S. Crook*

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

*x 4/10/08*

Date

Daytime Phone #