

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095155

FILED
Jun 17, 2008
Secretary of State

Entity Name: BUG OFF CLOTH LLC

Current Principal Place of Business:

6110 WATERFIELD WAY
ST. CLOUD, FL 34771

New Principal Place of Business:

7299 SE 135TH ST
SUMMERFIELD, FL 34491

Current Mailing Address:

6110 WATERFIELD WAY
ST. CLOUD, FL 34771

New Mailing Address:

7299 SE 135TH ST
SUMMERFIELD, FL 34491

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

JENNERS, YVONNE
6110 WATERFIELD WAY
ST. CLOUD, FL 34771 US

Name and Address of New Registered Agent:

JENNERS, YVONNE
7299 SE 135TH ST
SUMMERFIELD, FL 34771 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: YVONNE JENNERS

06/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JENNERS, YVONNE
Address: 6110 WATERFIELD WAY
City-St-Zip: ST. CLOUD, FL 34771

Title: MGRM () Delete
Name: JENNERS, JEFFREY
Address: 6110 WATERFIELD WAY
City-St-Zip: ST. CLOUD, FL 34771

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JENNERS, YVONNE
Address: 7299 SE 135TH ST
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGRM (X) Change () Addition
Name: JENNERS, JEFFREY
Address: 7299 SE 135TH ST
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGRM () Change (X) Addition
Name: ZAYAS, RAQUEL
Address: 1055 NE 32ND AVE
City-St-Zip: OCALA, FL 34470

Title: MGRM () Change (X) Addition
Name: WESTGATE, MICHAEL
Address: 1055 NE 32ND AVE
City-St-Zip: OCALA, FL 34470

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: YVONNE JENNERS

MGR

06/17/2008

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