

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095155

Entity Name: BUG OFF CLOTH LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

7299 SE 135TH ST
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

7299 SE 135TH ST
SUMMERFIELD, FL 34491

New Mailing Address:

FEI Number: 26-2822527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR () Change (X) Addition
Name: THURMOND, EDGAR L
Address: 14319 NW 193RD ST
City-St-Zip: ALACHUA, FL 32615

Title: MRS () Change (X) Addition
Name: THURMOND, PAMELA
Address: 14319 NW 193RD ST
City-St-Zip: ALACHUA, FL 32615

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

01/06/2009

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