


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90016 027 \*\*\*138.75

EPDVNFOU!\$ L07000064678 2/ Entity Name HUGGY SLUGGYS, LLC	
--	---

Principal Place of Business 5641 SHIRLEY DRIVE JUPITER, FL 33458	Mailing Address 5641 SHIRLEY DRIVE JUPITER, FL 33458
--	--

3/ Principal Place of Business - No P.O. Box #	4/ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07162008 Di h.MMD DS3F1941)23017\*

5/ FEI Number 26-0446244	Applied For Not Applicable
6/ Certificate of Status Desired <input type="checkbox"/>	9/6/11 Beejyobm Gf ISf rvjfe

7/ Obn f lboe!Beesf t t lpgDvss ouSf hjt d f e!Bhf ou JAY E. ECKHAUS, P.A. 9121 NORTH MILITARY TRAIL, STE 107 PALM BEACH GARDENS, FL 33410	8/ Obn f lboe!Beesf t t lpgOf x ISf hjt d f e!Bhf ou Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code
---	---

9/ 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
--	--	--

1/ MANAGING MEMBERS/MANAGERS		21/ ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, SUSAN 5641 SHIRLEY DRIVE JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAWKINS, ALYSON 5872 SENEGAL DRIVE JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

22/ 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.

T.HOBUSF: Susan Smith 7/16/08 561/818-9718  
T.HOBUSF BOE UZCFE PS QSDJFE CBNF PGT.HODH NBOBHJH NFNCFS-NBOBHFS-IP81BVU! PS( FEISFGSFTFOUBUW# Date Daytime Phone #