

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077038

Entity Name: BUGMAN XPRESS, LLC

FILED  
Mar 20, 2009  
Secretary of State

## Current Principal Place of Business:

4641 BLOUNT AVENUE  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

## Current Mailing Address:

4641 BLOUNT AVENUE  
JACKSONVILLE, FL 32210

## New Mailing Address:

4652 BLOUNT AVENUE  
JACKSONVILLE, FL 32210

FEI Number: 26-1755538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MISSO, JAMES C  
4641 BLOUNT AVE.  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

MISSO, JAMES C  
4652 BLOUNT AVE.  
JACKSONVILLE, FL 32210 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:

03/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MISSO, JAMES C  
Address: 4641 BLOUNT AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR ( ) Delete  
Name: MISSO, CHRISTOPHER C  
Address: 4641 BLOUNT AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR ( ) Delete  
Name: MISSO, MARSHA B  
Address: 4641 BLOUNT AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MISSO, JAMES C  
Address: 4652 BLOUNT AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: MGR (X) Change ( ) Addition  
Name: MISSO, MARSHA B  
Address: 4652 BLOUNT AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

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: MARSHA MISSO

MGR

03/20/2009

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