2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000110462

Entity Name: SLIP EASY BUGGIES, LLC

Current Principal Place of Business:

1570 LAKEVIEW DR
SUITE 100
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

1570 LAKEVIEW DR
SUITE 100
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXCY, CHESTER G SR.
125 HOLMES CT.
SEBRING, FL 33875 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: MGRM ( ) Delete
Name: MAXCY, CHESTER G SR
Address: 125 HOLMES CT
City-St-Zip: SEBRING, FL 33875 US

Title: MGRM ( ) Delete
Name: MAXCY, CHESTER G JR
Address: 314 ROADRUNNER AVE
City-St-Zip: SEBRING, FL 33872 US

Title: MGRM ( ) Delete
Name: BECTON, CLAYTON
Address: 6002 NETTLE PATH DR.
City-St-Zip: FT. PIERCE, FL 34951 US

ADDITIONS/CHANGES:

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

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

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

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: CHESTER G MAXCY, SR MGRM 04/30/2008

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