

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122955

Entity Name: FUN IN THE BUN, LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

14 CLAYTON LANE  
#16  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

14 CLAYTON LANE  
#16  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 26-1553590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRAD CONGLETON CPA, INC  
50 UPTOWN GRAYTON CIRCLE  
#15  
SANTA ROSA BEACH, FL 32459 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: HENRY, RENEE S  
Address: 14 CLAYTON LANE #16  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM ( ) Delete  
Name: SMITH, WILLIAM  
Address: 14 CLAYTON LANE # 16  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DRISCOLL, KLAUS V  
Address: 14 CLAYTON LANE #16  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM (X) Change ( ) Addition  
Name: DRISCOLL, KLAUS V  
Address: 14 CLAYTON LANE # 16  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: KLAUS DRISCOLL

MGRM

04/22/2009

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