

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000007925

Entity Name: MR. BUDDY'S, LLC

**FILED**  
**May 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7490 140TH STREET  
SEMINOLE, FL 33776

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 721  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

FEI Number: 42-1754408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRUXON, THOMAS  
7490 140TH STREET  
SEMINOLE, FL 33776 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  
Name: CRUXON, THOMAS  
Address: 7490 140TH STREET  
City-St-Zip: SEMINOLE, FL 33776

I hereby 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: TOM CRUXON

MBR

05/20/2011

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