

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073495

FILED
Apr 30, 2009
Secretary of State

Entity Name: BUD DOG ENTERPRISES LLC

Current Principal Place of Business:

411 W BELT AVE
BUSHNELL, FL 33513

New Principal Place of Business:

5760 SW 18TH TERR,
LOT #238
BUSHNELL, FL 33513

Current Mailing Address:

411 W BELT AVE
BUSHNELL, FL 33513

New Mailing Address:

5760 SW 18TH TERR,
LOT #238
BUSHNELL, FL 33513

FEI Number: 80-0231194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRAFT, GLORIA JEAN
411 W BELT AVE
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

CRAFT, JEANNE LYNN
5760 SW 18TH TERR
LOT #238
BUSHNELL, FL 33513 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: JEANNE LYNN CRAFT

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRAFT, JEANNE LYNN
Address: 5760 SW 18TH TERRACE - LOT 238
City-St-Zip: BUSHNELL, FL 33513

Title: MGR (X) Delete
Name: CRAFT, GLORIA JEAN
Address: 411 W BELT AVE
City-St-Zip: BUSHNELL, FL 33513

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CRAFT, GLORIA JEAN
Address: 5760 SW 18TH TERR, LOT #238
City-St-Zip: BUSHNELL, FL 33513 US

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: GLORIA JEAN CRAFT

MGRM

04/30/2009

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