

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000046135

**Entity Name:** LEAVITT'S BUGGY BATH, L.L.C.

**Current Principal Place of Business:**

1127 NO. YOUNG BLVD  
CHIEFLAND, FL 32626

**Current Mailing Address:**

P.O. BOX 41  
KAMAS, UT 84036

**FEI Number:** 33-1077279

**Certificate of Status Desired:** No

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

LEAVITT, STANLEY D  
572 NE 339 AVE  
OLD TOWN, FL 32680 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            OWNER  
Name            LEAVITT, STANLEY D  
Address        527NE 339 AVE  
City-State-Zip: OLD TOWN FL 32680

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STANLEY D LEAVITT

**OWNER**

**01/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date