


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # L02000014072
 1. Entity Name
 PAWS ONE, LLC



Principal Place of Business
 520 MOUNTAIN LAKE CUTOFF RD.
 LAKE WALES, FL 33859

Mailing Address
 520 MOUNTAIN LAKE CUTOFF RD.
 LAKE WALES, FL 33859



03262007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3691003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RYLAND, A. FLEET III DVM
 520 MOUNTAIN LAKE CUTOFF RD.
 LAKE WALES, FL 33859

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RYLAND, A. FLEET III DVM 520 MOUNTAIN LAKE CUTOFF RD. LAKE WALES, FL 33859
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 04/05/07-80001-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 A. Fleet Ryland DVM 3/26/07 863-626-1451
 SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #