

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90030 025 ***143.75



DOCUMENT # L06000121761

1. Entity Name

BARB'S PET TAXI LLC

Principal Place of Business
 2124 N TAMIAMI TRAIL
 APT 108
 SARASOTA FL 34234
 US

Mailing Address
 2124 N TAMIAMI TRAIL
 APT 108
 SARASOTA FL 34234
 US



2. Principal Place of Business - No P.O. Box #

2124 N. Tamiami TR

3. Mailing Address

2124 N. TAMIAM TR

Suite, Apt. #, etc.
 108

Suite, Apt. #
 108

1st MOORE CR2E083 (10/07)

City & State
 SARASOTA FL

City & State
 SARASOTA FL

4. FEI Number

NONE

Applied For
 Not Applicable

Zip
 34234

Country
 USA

Zip
 34234

Country
 USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAVSEN, BARBARA A
 2124 N TAMIAMI TRAIL
 APT 108
 SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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

Signature, typed or printed name of registered agent or authorized representative

(NOTE: Registered Agents' practice required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGR
 GRAVSEN, BARBARA A
 2124 N TAMIAMI TRAIL APT 108
 SARASOTA FL 34234 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

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 CITY-ST-ZIP Delete

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 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Barbara A. Gravesen*

4/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Payment Process #