


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90106 043 ***138.75

DOCUMENT # L07000020701

1. Entity Name
 HOT DIGGITY DOG, LLC



60040382

Principal Place of Business
 265 S.W. PORT ST LUCIE BLVD., STE. 133
 PORT SAINT LUCIE, FL 34984

Mailing Address
 265 S.W. PORT ST LUCIE BLVD., STE. 133
 PORT SAINT LUCIE, FL 34984



2. Principal Place of Business - No P.O. Box #
 9965 MIRAMAR PKWY
 Suite, Apt. #, etc. 267

3. Mailing Address
 9965 MIRAMAR PKWY
 Suite, Apt. #, etc. 267

05022008 Chg-LLC CR2E083 (12/06)

City & State
 MIRAMAR, FLA

City & State
 MIRAMAR, FLA

Zip
 33025

Zip
 33025

Country

Country

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

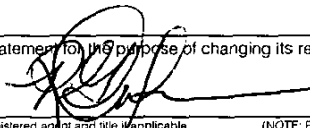
6. Name and Address of Current Registered Agent

DUFRESNE, R.G.
~~265 S.W. PORT ST LUCIE BLVD., STE. 133~~
~~PORT SAINT LUCIE, FL 34984~~

7. Name and Address of New Registered Agent

Name DUFRESNE, R.G.
 Street Address (P.O. Box Number is Not Acceptable) N/A
 9965 Miramar Pkwy # 267
 City MIRAMAR FL Zip Code 33025

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  R.G. DUFRESNE DATE 05/02/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
 Florida Department of State

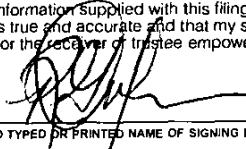
9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DUFRESNE, R.G.	
STREET ADDRESS	265 S.W. PORT ST LUCIE BLVD., STE. 133	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DUFRESNE, JACQUES	
STREET ADDRESS	265 S.W. PORT ST LUCIE BLVD., STE. 133	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  R.G. DUFRESNE DATE 05/02/08

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