FILED
May 06, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000030546

1. Entity Name
AGA PET PRODUCTS, LLC

Principal Place of Business
5005 W NASSAU
TAMPA, FL

Mailing Address
5015 W LONGFELLOW
TAMPA, FL 33629

04282005No Chg-LLC CR2E083 (10/03)

4. FEI Number
14-1858116

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SNIDER, MARIA
5015 W. LONGFELLOW
TAMPA, FL 33629

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 and title if applicable. (NOTE: Registered Agent signature required when changed) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SNIDER, MARIA
STREET ADDRESS	5015 W. LONGFELLOW
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGR
NAME	SNIDER, GENE
STREET ADDRESS	5015 W. LONGFELLOW
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGR
NAME	LARA, ALEXANDER E
STREET ADDRESS	119 DANUBE AVE #B
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4-30-05 (813) 546-4474
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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