

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000042881

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**3551320813CC**

**Entity Name:** SPECIALTY PET PRODUCTS, L.L.C.

**Current Principal Place of Business:**

6401 CARMEL ROAD, SUITE 204  
CHARLOTTE, NC 28226

**Current Mailing Address:**

6401 CARMEL ROAD, SUITE 204  
CHARLOTTE, NC 28226

**FEI Number: 14-1960930**

**Certificate of Status Desired: No**

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

BOGLE, SEAN  
101 SOUTH NEW YORK AVENUE, SUITE 205  
WINTER PARK, FL 32789 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 MGRM  
Name PAUL HOGE CREATIONS, INC.  
Address 5615 HIGHWAY 74 EAST  
City-State-Zip: MARSHVILLE NC 28103

Title MGRM  
Name PWMC, INC.  
Address 6401 CARMEL ROAD, SUITE 204  
City-State-Zip: CHARLOTTE NC 28226

Title MGRM  
Name CONSULTANTS TO INDUSTRY, INC  
Address 1792 CRANBERRY ISLES WAY  
City-State-Zip: APOPKA FL 32712

Title MGRM  
Name MCGAYCEE, INC.  
Address 28 ASH STREET  
City-State-Zip: BASKING RIDGE NJ 07920

Title MGRM  
Name VISCIDI COMMUNICATIONS, INC.  
Address ONE HOLLIS STREET, SUITE 305  
City-State-Zip: WELLESLEY MA 02482

*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: ROBIN HELMS CLONZT**

**FINANCIAL MANAGER**

**04/18/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date