

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000011615

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC2120915392**

**Entity Name:** PAWSOME PET PRODUCTS LLC

**Current Principal Place of Business:**

401 NW 38TH CT  
ATTN: ALEX HAVENICK  
MIAMI, FL 33126

**Current Mailing Address:**

247 SW 8TH ST  
#138  
MIAMI, FL 33130 US

**FEI Number:** 27-1809992

**Certificate of Status Desired:** No

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

SPOONT, BENJAMIN I  
247 SW 8TH ST  
#138  
MIAMI, FL 33130 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 SPOONT, JOSHUA L  
Address 247 SW 8TH ST  
#138  
City-State-Zip: MIAMI FL 33130

Title MGRM  
Name SPOONT, BENJAMIN I  
Address 247 SW 8TH ST  
#138  
City-State-Zip: MIAMI FL 33130

Title MANAGER  
Name HAVENICK, ALEX  
Address 401 NW 38TH CT  
ATTN: ALEX HAVENICK  
City-State-Zip: MIAMI FL 33126

*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:** BENJAMIN SPOONT

**MEMBER**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date