

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000061570

Entity Name: THERA-PAWS LLC

Current Principal Place of Business:

9625 E. MAIDEN CT
VERO BEACH, FL 32963

Current Mailing Address:

9625 E. MAIDEN CT
VERO BEACH, FL 32963 US

FEI Number: 27-2879286

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUMENTI, MARIE E
9625 E. MAIDEN CT
VERO BEACH, FL 32963 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 LUMENTI, MARIE
Address 9625 E. MAIDEN CT.
City-State-Zip: VERO BEACH FL 32963

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIE LUMENTI

MANAGER

04/13/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date