

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000087495

**Entity Name:** PAWS 2 CLAWS PET SITTING, LLC

**Current Principal Place of Business:**

723 TRUMAN AVE #200521  
TALLAHASSEE, FL 32314

**Current Mailing Address:**

PO BOX 360  
LOXAHATCHEE, FL 33470 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BONADIO, MARIA F  
723 TRUMAN AVE #200521  
TALLAHASSEE, FL 32314 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 BONADIO, MARIA F  
Address 723 TRUMAN AVE #200521  
City-State-Zip: LOXAHATCHEE FL 32314

*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:** MARIA BONADIO

MGRM

04/29/2013

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

\_\_\_\_\_  
Date