2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 13, 2017
Secretary of State
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Entity Name: TREAT A DOG LLC

Current Principal Place of Business:

500 E.BROWARD BLVD., UNIT 127
FORT LAUDERDALE, FL 33394

Current Mailing Address:

500 E.BROWARD BLVD., UNIT 127
FORT LAUDERDALE, FL 33394 US

FEI Number: 81-1149500

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, WILLIAM
500 E.BROWARD BLVD., UNIT 127
FORT LAUDERDALE, FL 33394 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	AMBR
Name	CAMPBELL, WILLIAM
Address	500 E.BROWARD BLVD., UNIT 127
City-State-Zip:	FORT LAUDERDALE FL 33394

Title	AMBR
Name	GIMES, DAVID
Address	500 E.BROWARD BLVD., UNIT 127
City-State-Zip:	FORT LAUDERDALE FL 33394

Title	AMBR
Name	NIKOLAICHUK, IGOR
Address	500 E.BROWARD BLVD., UNIT 127
City-State-Zip:	FORT LAUDERDALE FL 33394

Title	AMBR
Name	GILLIGAN, KYLE
Address	500 E.BROWARD BLVD., UNIT 127
City-State-Zip:	FORT LAUDERDALE FL 33394

Title	AMBR
Name	HUTCHISON, SCOTT
Address	500 E.BROWARD BLVD., UNIT 127
City-State-Zip:	FORT LAUDERDALE FL 33394

Title	AMBR
Name	CAMPBELL, WILLIAM SR.
Address	500 E.BROWARD BLVD., UNIT 127
City-State-Zip:	FORT LAUDERDALE FL 33394

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: DAVID GIMES CEO 04/13/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date