

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90161 047 ****50.00

DOCUMENT # L01000010256

1. Entity Name

PET PALS, L.L.C.

Principal Place of Business

Mailing Address

1456 N.W. 97TH TERRACE
 PEMBROKE PINES FL 33024

1456 N.W. 97TH TERRACE
 PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1108906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENWORTH, ROBERTA
1456 N.W. 97TH TERRACE
PEMBROKE PINES FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

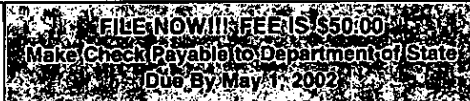
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE



9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
						MANAGING MEMBER				
						ROBERTA I. KENWORTH				
						1456 N.W. 97 TERR				
						PEMBROKE PINES, FL 33024				
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

Robert Kenworth

4/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)