

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000010256 1. Entity Name PET PALS, L.L.C.					
Principal Place of Business 1456 N.W. 97TH TERRACE PEMBROKE PINES FL 33024			Mailing Address 1456 N.W. 97TH TERRACE PEMBROKE PINES FL 33024		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1108906	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)	
6. Name and Address of Current Registered Agent KENWORTH, ROBERTA 1456 N.W. 97TH TERRACE PEMBROKE PINES FL 33024				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
U000000504613 04/26/06-80079-009 50.00					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS	KENWORTH, ROBERTA I		STREET ADDRESS		
CITY- ST- ZIP	1456 NW 97 TERR PEMBROKE PINES FL 33024		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Roberta Kenworth*

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

4/10/06

Date

Daytime Phone #