

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90025 018 ****50.00

DOCUMENT # L01000020857

1. Entity Name
TOTAL PET SERVICES, LLC



Principal Place of Business
**755 W. BRANDON BLVD.
BRANDON FL 33511**

Mailing Address
**755 W. BRANDON BLVD.
BRANDON FL 33511**

2. Principal Place of Business
122 Linsley Avenue
Suite, Apt. #, etc.
Ste A

3. Mailing Address
122 Linsley Avenue
Suite, Apt. #, etc.
Ste A

City & State
Brandon, FL

City & State
Brandon, FL

Zip
33511

Country
USA

Zip
33511

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0577314**

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

**CFRA, LLC
ONE HARBOUR PLACE
777 S. HARBOUR ISLAND BLVD., STE 500
TAMPA FL 33602**

Name
Warren W. Wylie, II
Street Address (P.O. Box Number is Not Acceptable)
122 Linsley Avenue, Ste A
City **Brandon,** FL Zip Code **33511**

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.

SIGNATURE **Warren W. Wylie, II Executive Director 3/13/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **D** ☒ Delete
NAME **BEKITOR, DAVID**
STREET ADDRESS **14390 CARLSON CIRCLE**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **D** ☐ Change ☒ Addition
NAME **Bekhor, David**
STREET ADDRESS **3505 Berger Rd.**
CITY-ST-ZIP **Lutz, FL 33548**

TITLE **D** ☐ Delete
NAME **WYLIE, WARREN W II**
STREET ADDRESS **510 CAULDER PARK RD.**
CITY-ST-ZIP **SEFFNER FL 33594**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Warren W. Wylie, II 3/13/03 (813) 657-4914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)