

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90083 020 ****50.00

DOCUMENT # L01000022562

1. Entity Name

PAWSITIVELY PETSITTERS, LLC

DO NOT WRITE IN THIS SPACE

B0039562

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

141 Monterey Pointe Drive
Suite, Apt. #, etc.

3. Mailing Address

Same 141 Monterey Pointe Drive
Suite, Apt. #, etc.

City & State

Palm Beach Gardens Florida

City & State

Palm Beach Gardens Florida

4. FEI Number

80-0025063

Applied For

Not Applicable

Zip

33418

Country

USA

Zip

33418

Country

USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Constance G. Leone

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

141 Monterey Pointe Drive

City

Palm Beach Gardens

FL

Zip Code

33418

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Manager
Constance G. Leone
141 Monterey Pointe Drive
Palm Beach Gardens FL 33418

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Manager
Susan C. Kelly
141 Monterey Pointe Drive
Palm Beach Gardens FL 33418

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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

2-25-02 561 308-3388
Date Daytime Phone #

CR2E083B (12/01)