

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

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90076 050 \*\*\*\*50.00

<b>DOCUMENT #</b> L01000022562
<b>1. Entity Name</b> PAWSITIVELY PETSITTERS, LLC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 18957 SE LOXAHATCHEE Suite, Apt. #, etc. RIVER ROAD	<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.
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<b>City &amp; State</b> JUPITER, FL	<b>City &amp; State</b>
<b>Zip</b> 33458	<b>Country</b> USA

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 80-0025063	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b> Name CONSTANCE G. LEONE Street Address (P.O. Box Number is Not Acceptable) 18957 SE LOXAHATCHEE RIVER ROAD City JUPITER FL Zip Code 33458
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**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.**

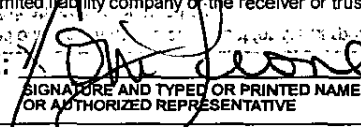
**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MANAGER CONSTANCE G. LEONE 18957 SE LOXAHATCHEE RIVER JUPITER, FL 33458	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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**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:**  \_\_\_\_\_

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

**Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E083B (12/02)