

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90014 035 \*\*\*\*50.00

**DOCUMENT # L02000015525**

1. Entity Name  
**ANIMAL THERAPY PRODUCTS, LLC**



Principal Place of Business  
**10102 PARMAN ROAD  
JACKSONVILLE, FL 32222**

Mailing Address  
**1239 ROGERO ROAD  
JACKSONVILLE, FL 32211**

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**26-0067619**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TAGLIONE, RAY  
10102 PARMAN RD.  
JACKSONVILLE, FL 32222**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **P**  
NAME **JAGLIONE, RAY** **TAG LIONE**  
STREET ADDRESS **10102 PARMAN RD.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32222**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 exemptions contained in Chapter 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:

*Ray Taglione*

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

**4-27-06** **904-779-2590**

Date

Daytime Phone #