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2010 JAN -4 PH 1: 06

M. THOMAS

JAN - 5 2010

EXAMINER

' COVER LETTER

TO: Registration Section Division of Corporations	
	d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
JEFFREN 5. DAWSON Name of Person	
JEFFREY S. DAWSON P.A Firm/Company	
P.O. BOX 1111 Address	JAN-4 P AHASSEE
	OF STATE C. FLORIDA
E-mail address: (to be used for future annual report notificat	tion)
For further information concerning this matter, ple	ease call:
TEFFREY DAWSON at (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:GENER	AL PET SUPPLY LLC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	GM GROVE, WI 53122
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	BLM GROVE, WI 53122
07/05/2002	L020000 16927
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	BUSINESS FILINGS INC.
Registered Office Address:	1203 GOVERNORS SQUARE BLUD
	TALLAHMSSEE FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
<u>NEW</u> Registered Agent:	JEPPROV S. DAWSON =
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	SUITE 100 WINTER HAVEN FL 33881
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members) of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member OHN F FINK Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proposed of the provisions of all statutes relatives of my proposed the complete with and accept the obligations of my provisions of the provisi	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of all statutes relative to the provision of and I am familiar with and accept the obligations of my process of the companies of the provision o	osition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change.
Division of Corporations, P.O. Box 6.	327, Tallahassee, FL 32314

FILING FEE: \$25.00