

FILED  
Jun 18, 2003 8:00 am  
Secretary of State

05-23-2003 90046 010 \*\*\*\*50.00

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>L02000023672</u>			
1. Entity Name DOG GUARD OF SOUTHWEST FLORIDA, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 14519 JEKYLL ISLAND CT Suite, Apt. #, etc.		3. Mailing Address 14519 JEKYLL ISLAND CT Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34119	Country USA	Zip 34119	Country USA
4. FEI Number 56-2292363		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name RONALD AGIN			
Street Address (P.O. Box Number is Not Acceptable) 14519 JEKYLL ISLAND CT			
City NAPLES		FL Zip Code 34119	
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: <u>[Signature]</u> DATE: <u>6/16/03</u>			
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			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGRM RONALD AGIN 14531 JEKYLL ISLAND CT NAPLES, FL 34119			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGRM WILLIAM TAYLOR 14519 JEKYLL ISLAND CT NAPLES, FL 34119			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 606, Florida Statutes.			
SIGNATURE: <u>[Signature]</u>		5/19/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	