2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90252 039 ****50.00

DOCUMENT # L02000031900

1. Entity Name
FOR PAWS LLC

Principal Place of Business	Mailing Address
11985 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411 US	11985 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411 US

DO NOT WRITE IN THIS SPACE

01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
82-0574342
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DORE, BEATRICE J
11985 SOUTHERN BLVD #256
ROYAL PALM BEACH, FL 33411

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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: Beatrice J Dore 3/29/04
Signature of new registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DORE, BEATRICE J
STREET ADDRESS	11985 SOUTHERN BLVD #256
CITY ST ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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 608, Florida Statutes.

SIGNATURE: Beatrice J Dore 03/27/04 561-602-2844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #