

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90127 018 *****50.00

DOCUMENT # L03000001462

1. Entity Name

BATH & BISCUIT PET BOUTIQUE, LLC



Principal Place of Business

6840 22ND AVENUE NORTH
ST. PETERSBURG FL 33710

Mailing Address

6840 22ND AVENUE NORTH
ST. PETERSBURG FL 33710

2. Principal Place of Business

6798 Crosswinds Dr. N. Ste 108
Suite, Apt. #, etc.
St. Petersburg, FL.
City & State

3. Mailing Address

6798 Crosswinds Dr. N.
Suite 108
St. Petersburg, FL.
City & State



1st MOORE

CR2E083 (10/04)

4. FEI Number

11-3672412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, JANICE
6840 22ND AVENUE NORTH
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	KAPLAN, JANICE	
STREET ADDRESS	6715-1 CAPE SABLE WAY N.E.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	S	<input type="checkbox"/> Delete
NAME	PILLION, HEATHER	
STREET ADDRESS	1134-15TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Janice Kaplan* JANICE KAPLAN

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

3/28/05 727/345-8118

Date

Daytime Phone #