## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000013107

1. Entity Name , SOUTHERN PET CONTAINMENT, L.L.C.



FILED
May 02, 2008 08:00 AN
Secretary of State

Principal Place of Business

11952 RACE TRACK RD. TAMPA, FL. 33626 Mailing Address

11952 RACE TRACK RD. TAMPA, FL 33626



03122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 01-0777893

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Status Desired 🔲 💏

6. Name and Address of Current Registered Agent

GIBBS, MICHAEL L 11952 RACE TRACK RD. TAMPA, FL 33626

## DO NOT WRITE IN THIS SPACE

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8. The above the obliga	named entity submits this statement for the purpose of chang tions of registered agent.	ging its registered	d office or registered agent, or both, in the State	e of Florida. I am familiar with, and accept
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 \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBBS, MICHAEL L 11952 RACE TRACK RD. TAMPA, FL 33626		000 	0000944076 /08-80081+025 138:75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				`.
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	

11. I hereby certify that the information supplied with this filling 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 opticise empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS

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

1-27 .00

813.854.4014

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Daytime Phone #