## L03000015833

(	Requestor's Name)
	Address)
(/	Address)
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(I	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only

2004 MAY -7 P 12: NO



000035427680

05/07/04--01050--001 \*\*30.00

AL

## PAUL V. DEBIANCHI, P. A. ATTORNEY AT LAW

PAUL V, DeBIANCHI

April 30, 2004

SUITE 602 NORTHERN TRUST PLAZA 2601 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FLORIDA 33306 FELEPBONE. (954) 566-4942 FAX: (954) 566-4922

2004 MAY -7 P 12: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: For Pet's Sake, LLC

Ladies & Gentlemen:

Enclosed is an original Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company as well as our check made payable to the Department of State for the sum of \$30.00 to cover the following:

Change of Registered Agent Fee \$25.00 Certificate of Status \$5.00

Enclosed is a self-addressed, stamped envelope for return of the Certificate of Status. Thank you very kindly.

Very truly yours,

PAUL V. DeBIANCHI, P.A.

Daul V. DeBianchi, Esq.

For the Firm

PVD/rjd

Enclosure(s) cc: Client

04041PET.DI1 - 321

•					
STATEMENT OF CHANGE OF REGIST BOTH FOR LIMITE				ENT OF	R <b>n</b>
Pursuant to the provisions of sections 608.416 liability company submits the following statement agent, or both, in the State of Florida.	or 608.50 nt in orde	08, Florida Stati r to change its r	ites, the undersi	or regisi	tered
1. The name of the limited liability company is:	For Pet	s Sake, LLC	TALLAGIAR	Yora	12:09
2. The mailing address of the limited liability con	-		n Court	EE, FLO	ATE RIDA
Lauderhill Florida 33319		· "我看了一个你怎么么?"			4. TE : 35 ( )
May 1, 2003		L03000015		<del></del>	
3. Date of filing/registration in Florida		4. Document		۶۰ - <u>فنه</u> سر م . - <del>مفات</del>	#
5. The name of the registered agent and the regist Florida Department of State:  David A. Netburn  9734 W. Sample Ro	Name	e address as show	on on the records	of the	ं क्योंका स्ट्री
البير ويستحصر	Address	Zip	A STATE OF THE	- 3r	to an internal designation of the second des
6. The name and address of the new registered ag	ent and/or	office:			
Rick Wellner			asi sa		Sec. (Fig.
6780 NW 44th Cour	on rate er co.	<del></del>		. ;	apple Care
Florida street address	(P.O. Box	NOT acceptable	e)		
Lauderhill	FL 333 ate and Zi	<u> </u>	<u>a. B.</u> garan s <del>alah salah sal</del>	ÿ. <b>*</b>	ু ১৯৮ ন ংশকে আই
City, St	ale allu Zi	þ			
If the limited liability company is not organized u confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the the members of the himited liability company or a the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operation agreement of the liability confirmed that the operation agreement of the liability confirmed that the operation agreement of the liability confirmed that the operation agreeme	ide, the Flo l be identi- change(s) s otherwise mpany.	orida street addre cal. Or, in the ca was/were authori e provided in the	ss of the register se of a Florida li zed by an affirm articles of organ	ed office mited ative vo	te of
(Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	±næ stær i de des	English of Medical And		v 3. s <del>an</del> · →e- <sup>†</sup> s ~ 1
Rick Wellner	,			~-	الله الله الله الله الله الله الله الله
Rick Wellner (Printed or typed name of signee)	1. <u>5. 1</u> 96	257121 - 1015 - <del>101</del> 5 1	∰. The Period of the Company of the	+	arteria.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

**FILING FEE: \$25.00** 

(Signature of Registered Agent)

ro<u>mi</u>nika? sisi