

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90046 024 ****55.00

DOCUMENT # L03000028460

1. Entity Name
SPOTLESS PUPS PET SERVICE, LLC



Principal Place of Business
**6389 COTTONTAIL ROAD
MIAMI LAKES, FL 33014**

Mailing Address
**6389 COTTONTAIL ROAD
MIAMI LAKES, FL 33014**

24054077



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-0112601

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZONGHETTI, ELIZABETH A
6389 COTTONTAIL ROAD
MIAMI LAKES, FL 33014**

Name

Elizabeth A. Hewitt

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

6389 Cottontail Road

City

Miami Lakes

FL

Zip Code

33014

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

Elizabeth A. Hewitt
Signature, typed or printed name of registered agent and title if applicable.

Elizabeth A. Hewitt

(New married name, Marriage Certificate Enclosed)

4/22/04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **HEWITT, STEPHEN M**
STREET ADDRESS **6389 COTTONTAIL ROAD**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **ZONGHETTI, ELIZABETH A**
STREET ADDRESS **6389 COTTONTAIL ROAD**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Hewitt, Elizabeth A.**
STREET ADDRESS **6389 Cottontail Road**
CITY-ST-ZIP **Miami Lakes, FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Elizabeth A. Hewitt

Elizabeth A. Hewitt

4/22/04

(786) 514-2556

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

Date

Daytime Phone #

Attachments- L03000028460

24054077

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD

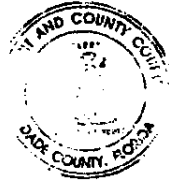
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

STATE OF FLORIDA, COUNTY OF DADE
THIS IS TO CERTIFY THAT THE FOREGOING IS A
TRUE AND CORRECT COPY OF THE DOCUMENT
ON FILE OR OF PUBLIC RECORD IN THIS OFFICE.
WITNESS MY HAND AND OFFICIAL SEAL

THIS DAY OF NOV 17 2003
HARVEY RUVIN, CLERK OF CIRCUIT COURT



2003-021347

BY BK/PG: 417/2836 D.C.

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) STEPHEN MASON HEWITT		2. DATE OF BIRTH (Month, Day, Year) JUNE 10, 1961	
3a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI LAKES	3b. COUNTY DADE	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) UNITED KINGDOM
5. BRIDE'S NAME (First, Middle, Last) ELIZABETH ANN ZONCHETTI		6. DATE OF BIRTH (Month, Day, Year) FEB 28, 1967	
7a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI LAKES	7b. COUNTY DADE	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) CONNECTICUT

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9. SIGNATURE OF GROOM (Sign full name using black ink) 	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEPT 30, 2003
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink)
13. SIGNATURE OF BRIDE (Sign full name using black ink) 	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEPT 30, 2003
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink)

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE MIAMI-DADE	18. DATE LICENSE ISSUED SEPT 30, 2003	18a. DATE LICENSE EFFECTIVE OCT 03, 2003	19. EXPIRATION DATE NOV 28, 2003
20a. SIGNATURE OF COURT CLERK OR JUDGE HARVEY RUVIN, CLERK		20b. TITLE BY D.C. Sandra J. Smith	20c. BY

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) November 8, 2003	22. CITY, TOWN, OR LOCATION OF MARRIAGE Kemahke Pines, FL
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 	23c. ADDRESS (Of person performing ceremony) 6503 Miami Lakes Dr. Lakeland
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Elaine K Jassik My Commission DD181551 Expires March 23, 2007	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

SEAL

GROOM	26. SOCIAL SECURITY NUMBER	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	28a. NO. OF THIS MARRIAGE 02	28b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	28c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) MAY 08, 1996
	30. SOCIAL SECURITY NUMBER 047-74-5839	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	32a. NO. OF THIS MARRIAGE 01	32b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	32c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)