

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000028613

1. Entity Name  
BOWWOW'S BEST & MEOWS TOO, LLC



Principal Place of Business  
944 GREENSWARD LANE  
DELRAY BEACH, FL 33445

Mailing Address  
944 GREENSWARD LANE  
DELRAY BEACH, FL 33445



01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0793982

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HASNER, PATTI  
944 GREENSWARD LANE  
DELRAY BEACH, FL 33445

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

|                |                           |
|----------------|---------------------------|
| TITLE          | MGRM                      |
| NAME           | ZWIT, DOUGLAS E           |
| STREET ADDRESS | 662 LAKEWOODE CIRCLE WEST |
| CITY-ST-ZIP    | DELRAY BEACH, FL 33445    |
| TITLE          | MGR                       |
| NAME           | GRAYSON, JO ANN           |
| STREET ADDRESS | 662 LAKEWOODE CIRCLE WEST |
| CITY-ST-ZIP    | DELRAY BEACH, FL 33445    |
| TITLE          | MGR                       |
| NAME           | HASNER, PATTI             |
| STREET ADDRESS | 944 GREENSWARD LANE       |
| CITY-ST-ZIP    | DELRAY BEACH, FL 33445    |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

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04/09/05-80064-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Patti Hasner*

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

4-7-05

Date

561.495.9971

Daytime Phone #