

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90352 019 ****50.00

DOCUMENT # L03000057529

1. Entity Name

BARK AVENUE PET EMPORIUM LLC



Principal Place of Business

**3925 BROWN AVENUE
SARASOTA FL 34231
US**

Mailing Address

**6993 EASTON COURT
SARASOTA FL 34238
US**

20021104



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3925 Brown Ave.

Suite, Apt. #, etc.

3. Mailing Address

6993 EASTON CT

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

20-1759673

Applied For

Not Applicable

Zip

34231

Country

SARASOTA

Zip

34238

Country

SARASOTA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VILLAR, PHYLLIS
6993 EASTON COURT
SARASOTA FL 34238**

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

Phyllis Villar

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/7/05

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 **MGRM** ☐ Delete
NAME **VILLAR, PHYLLIS**
STREET ADDRESS **6993 EASTON COURT**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **MGRM** ☐ Delete
NAME **VILLAR, LUCA**
STREET ADDRESS **28 DOGWOOD TERRACE**
CITY-ST-ZIP **LIVINGSTON NJ 07039**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

Phyllis Villar

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

3/7/05

DATE

Daytime Phone #

973 7409774