

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90136 025 ****50.00

DOCUMENT # L04000005014



1. Entity Name
CANINE CUSHION COMPANY, LLC

Principal Place of Business

**216 KELSEY LANE
TAMPA, FL 33619**

Mailing Address

**216 KELSEY LANE
TAMPA, FL 33619**

20021950

2. Principal Place of Business

750 W. HERMITAGE RD

3. Mailing Address

Suite, Apt. #, etc.

03092005 Chg-LLC CR2E083 (10/03)



City & State

ROME, GA

City & State

Suite, Apt. #, etc.

4. FEI Number

20-0627015

Applied For

Not Applicable

Zip

30161

Country

FL040

Zip

Suite, Apt. #, etc.

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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

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**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALAN RASH	
STREET ADDRESS	216 KELSEY LANE	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HARRY D. BAKER	
STREET ADDRESS	216 KELSEY LANE	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DAVID L. KOFFMAN	
STREET ADDRESS	216 KELSEY LANE	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JEFFREY KOFFMAN	
STREET ADDRESS	216 KELSEY LANE	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Date

Daytime Phone #

HARRY D. BAKER **HARRY D. BAKER** **3/9/05 (813) 626-0090**