

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90231 029 \*\*\*138.75

|   |   |
|---|---|
| <b>DOCUMENT # L04000034325</b>                            |  |
| 1. Entity Name<br><b>FAST FRIENDS BOARDING KENNEL LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>219 NORTH PHIPPEN AVENUE<br/>DELAND, FL 32724 US</b> | Mailing Address<br><b>219 NORTH PHIPPEN AVENUE<br/>DELAND, FL 32724 US</b> |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>1400 Yorktown St</b> | 3. Mailing Address<br><b>1400 Yorktown St.</b> |
| Suite, Apt. #, etc.<br>.  | Suite, Apt. #, etc.                            |
| City & State<br><b>Deland, fl</b>   | City & State<br><b>Deland, fl</b>              |
| Zip<br><b>32724</b>   | Country<br><b>Volusia</b>                      |

00020373



04012008 Chg-LLC CR2E083 (12/06)

|  |  |
|--|--|
| 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--|--|

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>WALLER, GAIL E<br/>219 N. PHIPPEN AVE<br/>DELAND, FL 32724</b> |  |
|--|--|

|  |                             |
|--|-----------------------------|
| 7. Name and Address of New Registered Agent  |                             |
| Name<br><b>Waller, Gail E</b>  |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><br><b>1400 Yorktown St.</b> |                             |
| City<br><b>Deland</b>  | FL Zip Code<br><b>32724</b> |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>WALLER, GAIL E<br/>219 NORTH PHIPPEN AVENUE<br/>DELAND, FL 32724</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>Gail Waller<br/>1400 Yorktown St.<br/>Deland, fl 32724</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gail E. Waller*