

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000039256**

1. Entity Name  
**ULTIMATE PET CARE SALON, LLC**



Principal Place of Business  
**6989 SEMINOLE BLVD  
SUITE 9  
SEMINOLE, FL 33772 US**

Mailing Address  
**6989 SEMINOLE BLVD  
SUITE 9  
SEMINOLE, FL 33772 US**



04262006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1155252**

Applied For  
Not Applicable

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

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

**HOFFER, JENNIFER  
6989 SEMINOLE BLVD  
SUITE 9  
SEMINOLE, FL 33772**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HOFFER, JENNIFER
STREET ADDRESS	6989 SEMINOLE BLVD STE 9
CITY-ST-ZIP	SEMINOLE, FL 33772

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05/12/06-80010-006 50.00

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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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:**

*Jennifer L. Hoffer*

**4-29-06**