

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 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
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DO NOT WRITE IN THIS SPACE



04182007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1155252	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 restateing) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOFFER, JENNIFER 6989 SEMINOLE BLVD STE 9 SEMINOLE, FL 33772
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 05/11/07-80052-007 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jennifer S. Hoffer* **4-23-07** **707-320-0437**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #