

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000043412

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** ACTIONS - DOG TRAINING DAY & NIGHT CARE CENTER L.L.C.

**Current Principal Place of Business:**

1111 ST. JOHNS BLUFF ROAD N.  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

1111 ST. JOHNS BLUFF ROAD N.  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 59-3731137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUSSELL, LISA P  
1111 ST. JOHNS BLUFF ROAD N.  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

RUSSELL, LISA P  
5905 GILCHRIST RD  
JACKSONVILLE, FL 32219 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

02/23/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RUSSELL, ROBERT B  
Address: 5905 GILCHRIST RD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: MGRM  
Name: LLOYD, LESLIE  
Address: 7247 HIELO DRIVE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGRM  
Name: RUSSELL, LISA  
Address: 5905 GILCHRIST RD  
City-St-Zip: JACKSONVILLE, FL 32219

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LISA P. RUSSELL

CEO

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date