

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000045862

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** ONE EYED CAT, LLC

**Current Principal Place of Business:**

6670 BOWDEN ROAD  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6670 BOWDEN ROAD  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 65-1241978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SKINNER, SARAH T D.V.M  
6670 BOWDEN ROAD  
JACKSONVILLE, FL 32216 US

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

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** DAVIS, STACEY R  
**Address:** 6236 PINELOCK DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32211 US

**Title:** MGR  
**Name:** SKINNER, SARAH T D.V.M.  
**Address:** 6670 BOWDEN ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32216 US

**Title:** MGR  
**Name:** GIONET, PAT D.V.M.  
**Address:** 7433 SYCAMORE DR  
**City-St-Zip:** JACKSONVILLE, FL 32208 US

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:** SARAH T. SKINNER

DR

04/17/2011

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