

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055385

FILED
Apr 26, 2005
Secretary of State

Entity Name: A NATURAL ALL PET SUPPLY, LLC

Current Principal Place of Business:

3525 BONITA BEACH ROAD, #106
BONITA SPRINGS, FL 34135

New Principal Place of Business:

3525 BONITA BEACH ROAD,
#106
BONITA SPRINGS, FL 34135

Current Mailing Address:

3525 BONITA BEACH ROAD, #106
BONITA SPRINGS, FL 34135

New Mailing Address:

3525 BONITA BEACH ROAD,
#106
BONITA SPRINGS, FL 34135

FEI Number: 20-1412383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBERG, CAROL A
3525 BONITA BEACH ROAD, #106
BONITA SPRINGS, FL 34135 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/MEMBERS:

Title: MGR () Delete
Name: GOLDBERG, CAROL A
Address: 3525 BONITA BEACH ROAD, #106
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOLDBERG, CAROL A
Address: 3525 BONITA BEACH ROAD, #106
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Change (X) Addition
Name: HENDERSON, JEROME A
Address: 3525 BONITA BEACH ROAD, #106
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: CAROL A GOLDBERG

MGR

04/26/2005

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