

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


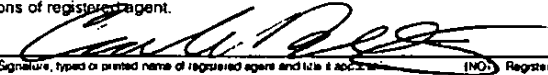
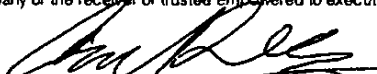
FILED
May 09, 2005 8:00 am
Secretary of State

04-19-2005 90008 037 ****50.00

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St MOORE CR2E083 (10/04)

DOCUMENT # L04000060556					
1. Entity Name ROYAL PET CARE LLC					
Principal Place of Business 2126 HYDE PARK ST. SARASOTA FL 34239			Mailing Address 2126 HYDE PARK ST. SARASOTA FL 34239		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 201497494	
				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 MERCURIO, JOHN J 713 S. ORANGE AVE. #108 SARASOTA FL 34236				7. Name and Address of New Registered Agent Name CANDICE BERMUDEZ Street Address (P.O. Box Number is Not Acceptable) 2126 HYDE PARK ST City SARASOTA FL Zip Code 34239	
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  DATE 4/12/05 <small>Signature, typed or printed name of registered agent and title is acceptable. (NO) Registered Agent signature required when reinstating.</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERMUDEZ, CANDICE 2126 HYDE PARK ST. SARASOTA FL 34239 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE 4/12/05 (941) 735-0378 <small>SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					