

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000070014

FILED
Apr 11, 2005
Secretary of State**Entity Name:** CANINE SPECIALISTS L.L.C.**Current Principal Place of Business:**4417 13TH ST
#168
SAINT CLOUD, FL 34772**New Principal Place of Business:****Current Mailing Address:**4417 13TH ST
#168
SAINT CLOUD, FL 34769**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEVY, MARK D
4417 13TH ST
168
SAINT CLOUD, FL 34769 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:** MGRM () Delete
Name: BARNES, DANIEL R
Address: 4417 13TH ST. #168
City-St-Zip: SAINT CLOUD, FL 34769**Title:** MGRM (X) Delete
Name: WALLACE, JAMES D
Address: 4417 13TH ST. #168
City-St-Zip: SAINT CLOUD, FL 34769**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: LEVY, MARK D
Address: 4417 13TH ST. #168
City-St-Zip: SAINT CLOUD, FL 34769**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK D. LEVY

MGRM

04/11/2005

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