

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000075800

Entity Name: FOUR PAWS LLC

**FILED**  
**Jan 19, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

5820 WHITING CT  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

5611 GOETZ DRIVE  
FORT MYERS, FL 33919 US

**Current Mailing Address:**

PO BOX 100689  
CAPE CORAL, FL 33910 US

**New Mailing Address:**

FEI Number: 20-2135203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HARTLEB, ASTRID P  
5820 WHITING CT  
FORT MYERS, FL 33919 US

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

HARTLEB, ASTRID P  
5611 GOETZ DRIVE  
FORT MYERS, FL 33919 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: ASTRID P HARTLEB

01/19/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HARTLEB, ASTRID P  
Address: 5820 WHITING CT  
City-St-Zip: FORT MYERS, FL 33919 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HARTLEB, ASTRID P  
Address: 5611 GOETZ DRIVE  
City-St-Zip: FORT MYERS, FL 33919 US

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: ASTRID P HARTLEB

MGRM

01/19/2005

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