2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000075800

Entity Name: FOUR PAWS LLC

FILED Sep 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5611 GOETZ DRIVE 4632 VINCENNES BLVD

FORT MYERS, FL 33919 US 201A

CAPE CORAL, FL 33904 US

Current Mailing Address: New Mailing Address:

PO BOX 100689

CAPE CORAL, FL 33910 US

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

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HARTLEB, ASTRID P
5611 GOETZ DRIVE
FORT MYERS, FL 33919
US
HARTLEB, ASTRID P
4632 VINCENNES BLVD
201A

FORT MYERS, FL 33919 US 201A CAPE CORAL, FL 33904 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 09/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:HARTLEB, ASTRID PName:HARTLEB, ASTRID PAddress:5611 GOETZ DRIVEAddress:4632 VINCENNES BLVD SUITE 201ACity-St-Zip:FORT MYERS, FL 33919 USCity-St-Zip:CAPE CORAL, FL 33904 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 MGR 09/30/2009