## 2006 LIMITED 31LITY COMPANY ANNUA EPORT

## DOCUMENT # L040000792

1. Entity Name BEWARE OF DOG LLC



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

215 N. SEACREST CIRCLE DELRAY BEACH, FL 33444 US 215 N. SEACREST CIRCLE DELRAY BEACH, FL 33444

US



DO NOT WRITE IN THIS SPACE

04232006 No Chg-LLC CR2E083 (11/05)

4.	FEI Number 20-1826176	Applied For Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

DUMITRESCU, VLAD 215 N. SEACREST CIRCLE DELRAY BEACH, FL 33444

STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered	d office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE.	de de la companya del companya de la companya del companya de la companya del la companya de la	MOTE President	Agent signature required when reinstating)	DATE
·	Signature, typed or printed name of registered agent and site if applicable.	(NOTE: Registered	Agent signature required when receiving)	Unite
Fi D	ling Fee is \$50.00 ue by May 1, 2008			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZP	MGRM DUMITRESCU, VLAD 215 N. SEACREST CIRCLE DELRAY BEACH, FL 33444			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM BEATRIZ, MONICA 215 N. SEACREST CIRCLE DELRAY BEACH, FL 33444		;	U00000538298 05/09/06-80053-007 50.00
TITLE NAME Street address City-ST-ZIP				05/09/06-80053-007 50.00 OT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN TH	IIS SPACE
TITLE NAME STREET RODRESS CITY-ST-ZIP				_
TITLE NAME			·	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 eath; 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.

IGNATURE: Val But	4/22/06	561.330.3260
RIGHATURE AND TYPED OR PRINTED HARE OF BIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Dete	Daylime Phone #