

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085841

FILED  
Feb 16, 2007  
Secretary of State

**Entity Name:** PAWS ... FOR A MOMENT, LLC

**Current Principal Place of Business:**

854 EVELYNTON LOOP  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

11962 CR101 SUITE 401  
THE VILLAGES, FL 32162

**Current Mailing Address:**

854 EVELYNTON LOOP  
THE VILLAGES, FL 32162

**New Mailing Address:**

**FEI Number:** 11-3734508

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOLINS, JOAN  
854 EVELYNTON LOOP  
THE VILLAGES, FL 32162 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/MANAGERS:**

Title: MGMR ( ) Delete  
Name: KOLINS, JOAN  
Address: 854 EVELYNTON LOOP  
City-St-Zip: THE VILLAGES, FL 32162 US

Title: MGMR ( ) Delete  
Name: LUCIANO, CYTHIA  
Address: 854 EVELYNTON LOOP  
City-St-Zip: THE VILLAGES, FL 32162 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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:** JOAN KOLINS

MS

02/16/2007

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