

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90371 015 ****50.00

DOCUMENT # L04000089316					
1. Entity Name SCRUBBA DOG SPA, LLC					
Principal Place of Business 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502			Mailing Address 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502		
2. Principal Place of Business 3214 Fordham Pkwy		3. Mailing Address 3039 oak Pointe Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gulf Breeze, FL		City & State Pensacola, FL		4. FEI Number 20-1995175	
Zip 32563		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEWS, EDELL F JR. 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name: Reuben D. Best Street Address (P.O. Box Number is Not Acceptable): Best Management & Consulting Services, Inc 3039 oak Pointe Dr City: Pensacola FL Zip Code: 32505			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Reuben D. Best</u> DATE: <u>April 29, 2005</u> <small>(NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEST MANAGEMENT AND CONSULTING SERVICES INC 3039 OAK POINT DRIVE PENSACOLA, FL 32505		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Reuben D. Best, Best Management & Consulting Services, Inc</u>			850-857-6680 4/29/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					