


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90027 031 ****50.00

DOCUMENT # L04000089316					
1. Entity Name SCRUBBA DOG SPA, LLC					
Principal Place of Business 3214 FORDHAM PKWY GULF BREEZE, FL 32563			Mailing Address 3039 OAK POINT DR PENSACOLA, FL 32505		
2. Principal Place of Business		3. Mailing Address 3214 FORDHAM PKWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State GULF BREEZE, FL		4. FEI Number 20-1995175	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
32563		USA		04232006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent BEST, REUBEN D BEST MANAGEMENT&CONSULTING SERVICES, INC 3039 OAK POINTE DR PENSACOLA, FL 32505			7. Name and Address of New Registered Agent		
			Name Susan M. Durfee		
			Street Address (P.O. Box Number is Not Acceptable) 3214 Fordham Pkwy		
			City Gulf Breeze FL FL Zip Code 32563		
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><i>Susan M. Durfee</i></u> Susan M. Durfee, Managing Member 4/24/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2006				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 IN 3039 OAK POINT DRIVE PENSACOLA, FL 32505 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Susan M. Durfee 3214 Fordham Pkwy Gulf Breeze, FL 32563 <input checked="" 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	
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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 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 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><i>Susan M. Durfee</i></u> Susan M. Durfee, Manager 4/24/06 850-932-3111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					