

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093563

FILED
Aug 31, 2005
Secretary of State

Entity Name: PAWS N' CLAWS, LLC

Current Principal Place of Business:

5214 C OKEECHOBEE ROAD
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

5214 C OKEECHOBEE ROAD
FORT PIERCE, FL 34947

New Mailing Address:

FEI Number: 20-2072808 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:

LAFFERTY, KIMBERLY
6708 SANTA CLARA BLVD.
FORT PIERCE, FL 34951 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: LAFFERTY, KIMBERLY
Address: 6708 SANTA CLARA BLVD.
City-St-Zip: FORT PIERCE, FL 34951

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

Title: MGRM () Delete
Name: LAFFERTY, GREGG
Address: 6708 SANTA CLARA BLVD.
City-St-Zip: FORT PIERCE, FL 34951

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

Title: MGRM () Delete
Name: GARDEN, DEBORAH
Address: 175 45TH AVENUE
City-St-Zip: VERO BEACH, FL 32908

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

Title: MGRM () Delete
Name: GARDEN, JERRY
Address: 175 45TH AVENUE
City-St-Zip: VERO BEACH, FL 32908

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

Title: MGRM () Delete
Name: LAFFERTY, DEBORAH
Address: 8001 PENNY LANE
City-St-Zip: FT. PIERCE, FL 34951

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 Section 119.07(3)(i), 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: KIMBERLY LAFFERTY

MGR

08/31/2005

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