

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093563

FILED  
May 01, 2007  
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:**

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

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

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

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

**ADDITIONS/CHANGES:**

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

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

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 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: KIMBERLY LAFFERTY

MGR

05/01/2007

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