

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004069

FILED
Mar 13, 2006
Secretary of State

Entity Name: ABOVE ALL MOBILE DOG SALON, LLC

Current Principal Place of Business:

101 COASTAL HOLLOW CIRCLE
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

4604 SANDCASTLE CIRCLE
ST. AUGUSTINE, FL 32084

Current Mailing Address:

101 COASTAL HOLLOW CIRCLE
ST. AUGUSTINE, FL 32084

New Mailing Address:

4604 SANDCASTLE CIRCLE
ST. AUGUSTINE, FL 32084

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KEISER, NOREEN A
101 COASTAL HOLLOW CIRCLE
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

KEISER, NOREEN A
4604 SANDCASTLE CIRCLE
ST. AUGUSTINE, FL 32084 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: _____ 03/13/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO () Change (X) Addition
Name: KEISER, NOREEN
Address: 4604 SANDCASTLE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32084

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: NOREEN KEISER CEO 03/13/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date