2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# L05000007682

Entity Name: PAWS & CLAWS MOBILE PET CLINIC, LLC

Current Principal Place of Business:

4747 SW 60TH AVENUE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

4747 SW 60TH AVENUE
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 20-2383353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, WILLIAM ALLAN
1531 SE 36TH AVENUE
OCALA, FL 34471 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:	MGRM	( ) Delete
Name:	PETERSON, JOHN L	
Address:	4747 SW 60TH AVENUE	
City-St-Zip:	OCALA, FL 34474 US	
Title:	MGRM	( ) Delete
Name:	MATTHEWS, PHILIP M	
Address:	4747 SW 60TH AVENUE	
City-St-Zip:	OCALA, FL 34474 US	
Title:	MGRM	( ) Delete
Name:	HAHN, JACK K	
Address:	4747 SW 60TH AVENUE	
City-St-Zip:	OCALA, FL 34474 US	
Title:	MGRM	( ) Delete
Name:	SLONE, DONNIE E	
Address:	4747 SW 60TH AVENUE	
City-St-Zip:	OCALA, FL 34474 US	
Title:	MGRM	( ) Delete
Name:	RUSSELL, WILLIAM B	
Address:	4747 SW 60TH AVENUE	
City-St-Zip:	OCALA, FL 34474 US	
Title:	MGRM	( ) Delete
Name:	RIGGS, ALLEN B	
Address:	4747 SW 60TH AVENUE	
City-St-Zip:	OCALA, FL 34474 US	

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:	
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 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: JOHN L PETERSON MGRM 04/03/2007

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