

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007682

FILED
Mar 26, 2009
Secretary of State

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:

HAMER, KELLY G ESQ.
307 NW 3RD STREET
OCALA, FL 34475 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: KELLY G. HAMER

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: SLONE, DONNIE E JR.
Address: 4747 SW 60TH AVENUE
City-St-Zip: Ocala, FL 34474 US

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

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

Title: MGRM () Change (X) Addition
Name: HUGHES, FAITH E
Address: 4747 SW 60TH AVENUE
City-St-Zip: Ocala, FL 34474

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: PHILIP M. MATTEWS

MGRM

03/26/2009

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