


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000019809 1. Entity Name FOUR YOUR PAWS ONLY, L.L.C.	
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Principal Place of Business 10114 N.W. 71 STREET TAMARAC, FL 33321	Mailing Address 10114 N.W. 71 STREET TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE



03282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2628581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SOLOMON, JANE K 10114 N.W. 71 STREET TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLOMON, JANE K 10114 N.W. 71 STREET TAMARAC, FL 33321
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<p>000000929853 05/21/08-80085-015 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.
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SIGNATURE: <i>Jane K Solomon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>4/2/08</i> <small>Date</small>	<i>954-599-3372</i> <small>Daytime Phone #</small>
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