

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000028276

1. Entity Name

A DOGGY DAY SPA BY GROOMING DALES OF FT MYERS  
LLC



**FILED**  
**Sep 02, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business Mailing Address  
15495 TAMiami TRAIL 15495 TAMiami TRAIL  
N NAPLES FL 34110 N NAPLES FL 34110

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number NO-T APPLICABLE Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

2nd MOORE CR2E083 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL BROCCO GODLEY, JOYCE K  
15495 TAMiami TRAIL  
N NAPLES FL 34110

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75**  
**Make Check Payable to: Florida Department of State**  
**Due By September 3, 2008**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME DEL BRACCO-GODLEY, JOYCE  
STREET ADDRESS 15495 TAMiami TRAIL N  
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000001958710

09/02/08-80002-022 ☐ Change ☐ Addition

TITLE ☐ Delete  
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STREET ADDRESS  
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NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

*Joyce K. Del Bracco Godley*

8-5-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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