

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030233

Entity Name: ROYAL PAWS, LLC

FILED  
Jul 16, 2009  
Secretary of State

## Current Principal Place of Business:

8235 W SUNRISE BLVD  
PLANTATION, FL 33322

## New Principal Place of Business:

## Current Mailing Address:

8235 W SUNRISE BLVD  
PLANTATION, FL 33322

## New Mailing Address:

FEI Number: 65-1245889      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

REICES, SONIA  
853 SW 120TH WAY  
DAVIE, FL 33325      US

## Name and Address of New Registered Agent:

REICES, SONIA  
512 N.W. 120TH WAY  
PLANTATION, FL 33324      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: \_\_\_\_\_

07/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: REICES-NICASIO, LISA  
Address: 786 SW 120TH WAY  
City-St-Zip: DAVIE, FL 33325

Title: MGRM ( ) Delete  
Name: REICES, SONIA  
Address: 512 NW 102 WAY  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES:

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 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: SONIA REICES

MGRM

07/16/2009

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