

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000030428

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** DOG LLC

**Current Principal Place of Business:**

15115 ARABIAN WAY  
MONTVERDE, FL 34756

**New Principal Place of Business:**

475 WEST STORY ROAD  
OCOE, FL 34756

**Current Mailing Address:**

15115 ARABIAN WAY  
MONTVERDE, FL 34756

**New Mailing Address:**

PO BOX 394  
HOWEY IN THE HILLS, FL 34737

**FEI Number:** 20-2617025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARPENTER, SANDY D  
15115 ARABIAN WAY  
MONTVERDE, FL 34756 US

**Name and Address of New Registered Agent:**

CARPENTER, SANDY D  
475 WEST STORY ROAD  
OCOE, FL 34756 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:** SANDY CARPENTER

04/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CARPENTER, SANDY D  
**Address:** PO BOX 394  
**City-St-Zip:** OCOE, FL 34756

**Title:** MGMR  
**Name:** CARPENTER, LEEDAWN T  
**Address:** PO BOX 394  
**City-St-Zip:** OCOE, FL 34756

I hereby 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:** SANDY CARPENTER

MGR

04/11/2011

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