

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033356

Entity Name: LOVING ARMS, LLC

FILED
May 06, 2008
Secretary of State

Current Principal Place of Business:

3458 CRYSTAL LAKES CT
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

8466 N. LOCKWOOD RIDGE RD
STE. 145
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 20-3614785 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:

MORRIS-SMITH, CASEY L
3458 CRYSTAL LAKES CT
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

SMITH, CASEY L
3458 CRYSTAL LAKES CT
SARASOTA, FL 34235 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: CASEY SMITH

05/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORRIS-SMITH, CASEY L
Address: 3458 CRYSTAL LAKES CT
City-St-Zip: SARASOTA, FL 34235

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SMITH, CASEY L
Address: 3458 CRYSTAL LAKES CT
City-St-Zip: SARASOTA, FL 34235

Title: MGR () Change (X) Addition
Name: SILVER, NATALIE A
Address: 3458 CRYSTAL LAKES CT
City-St-Zip: SARASOTA, FL 34243

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: CASEY SMITH

MGR

05/06/2008

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