

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90036 026 ***158.75

DOCUMENT # L05000035643 1. Entity Name SUZY Q'S PET BOUTIQUE, LLC			
Principal Place of Business 1635 NORTH MONROE STREET, #A TALLAHASSEE, FL 32303-5532		Mailing Address 1635 NORTH MONROE STREET, #A TALLAHASSEE, FL 32303-5532	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2870-C Industrial Plaza Dr Suite, Apt. #, etc.	
City & State Tallahassee Florida		4. FEI Number 20-2709629	
Zip 32301		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LINDSEY, WM. SCOTT 1407 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name Paul Thomas Rogers Street Address (P.O. Box Number, is Not-Acceptable) 5375 Widefield Dr. City Tallahassee FL Zip Code 32309	
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 <u><i>Tom Rogers</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 4-17-06			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGERS, PAUL T 5375 WIDEFIELD DRIVE TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <u><i>Tom Rogers</i></u>		Manager 4-22-06 850-878-1200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	