2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCUMENT # L05000037085 1. Entity Name							ED.	: f	
CLEVER CANINES LLC						06 MAR 20			
Principal Place of Business Mailing Address									
1546 RANK	1546 RANKIN AVE	6 RANKIN AVE		SECRETAR TALLAHASS	I UF ST	ATE			
TALLAHASSEE FL 32310			TALLAHASSEE FL 32310						
2. Principal Place of Business			3. Mailing Address			4 18949-1 83 8925-1 3111 8811			ee: #11 1031
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE	CR2E083		
City & State Zip Country			City & State Zip Count			4. FEI Number 56 - 25099	78	No	plied For t Applicable
Zip					try	5. Certificate of Status Desired		\$5.00 Add Fee Required	
	b. Name and	Address of Current R	egisterea Agent		Name	7. Name and Address of New I	Registered /	Agent	-
HEPPLE, GILLIAN C 1 008 W KING STREE T 1546, RANKIN AVE QUINCY FL 32351 TALLAMASSEE FL 32310						reet Address (P.O. Box Number is Not Acceptable)			
401	NGT FL 323	DT INCLAMI	ibre Francio						
					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. Fam familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and talle it applicable. (NOTE Registered Agent signature required when reinstativg) DATE									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006									
9. MANAGING MEMBERS/MANAGERS						ADDITIONS	/CHANGES		
TITLE	MGRM		☐ Delete TITLE				725714 7	Change	Addition
NAME	HEPPLE, GILL			NAM	·	5000688° 03/29/0601008	-002 *	r >: *50.00	
STREET ADDRESS CITY-ST-ZIP	1546 RANKIN			ET ADDRESS -ST-ZIP	00, 20, 00 01000		***************************************		
	TALLAHASSE	E FL 32310				 			
TITLE NAME			Delete	TITLE	1			Change	☐ Addition
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP				+-	-ST-ZIP				
TITLE NAME					E			Change	☐ Addition
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP			<u>.</u>	CITY	-ST-ZIP				
TITLE NAME			☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS					ET ADDRÉSS				,
CITY-ST-ZIP	I				-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME	☐ Delete				E			☐ Change	Addition
STREET ADDRESS				MAM BRTS	ET ADDRESS				
CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·								
TITLE	☐ Delete				E			☐ Change	☐ Addition
NAME STREET ADDRESS			NAM	ET ADDRESS					
CITY-ST-ZIP		****			-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 3/20/06. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Degrated Phone #									
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