2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

		ANNUAL F	EPU	KI (AK)	<u> </u>									
DOCU 1. Entity Nam					Ş)						
CLEVER	CLEVER CANINES LLC									°R -2				
Principal Plac														
Principal Place of Business Mailing Address 1546 RANKIN AVE					310	Y	}_/		SECRE	TARY	OF S	IATE		
Principal Place of Business - No P.O. Box # 3. Mailing Address									(SB)1814 6 54 66161 61114		#2123 IMM IM		H881 III 1881	
Suite, Apt. #, etc.				Suite, Apt. #, otc.					st MOORE	CR	2E083	·	····	
City & Stat	e	-		City & State				4. FEI Num	56-250	9978			plied For t Applicable	
Zip		Country Zip Cou				try		5. Certifica	te of Status De	sired (5.00 Add ee Required		
	6. Name	and Address of Curren	t Registere	ed Agent		NI		7. Name ar	nd Address of	New Regis	stered Ag	gent		
HEPPLE, GILLIAN C 1546 RANKIN AVE TALLAHASSEE FL 32310						Name Street Address (P.O. Box Number is Not Acceptable)								
						City					FL	Zip Code		
	named entit ions of regis	y submits this statement l cored agont.	or the purp	ose of changing its	registere		registere	ed agent, or b	ooth, in the Stat	e of Florida		miliar with,	and accept	
SIGNATURE .	Semeture typed	or ormed pame of registered ager	u and little if ann	Incetyle (NOTE	Fr Booisterer	r Aneni sanalu	to required	urtan rometornal			DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
			Mal	ce Check Payabl	le to Flo	FEE IS \$5 orida Depa ıy 1, 2007	artmen	t of State						
9. MANAGING MEMBERS/MANAGERS 10									ADDIT	IONS/CH	ANGES			
THLE	MGRM Delete III										[Change	Addition	
NAME	HEPPLE, GILLIAN C													
STREET ADDRESS CITY-ST-ZIP	1546 RANKIN AVE													
TITLE	TALLAHASSEE FL 32310 CIIY								·			7.05	Addition	
NAME	☐ Delete IIII					i		,			-	Change	Li Addition	
STREET ADDRESS CHY-ST-ZIP	SIF CII							04,196 	7/0701/	-, :- :- : 4 0: 		# <u>50.00</u>		
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NAME STREET ADORESS					NAMI	ET ADDRESS							j	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·					-ST-ZIP								
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NAME Street Address City-St-Zip	:					ET ADDRESS - ST- ZIP								
 indicated 	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.													
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SIGNAT		IND TYPED OR PRINTED NAME	OF SIGNING M		,			<u> </u>	Date	M 102		ime Phone #		