

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000039444

1. Entity Name
ISLAND DOGS LLC



FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
4317 PINFISH LANE
PALMETTO, FL 34221 US

Mailing Address
P O BOX 1660
PALMETTO, FL 34220 US



07072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2728327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

STEPHENSON, JAMES F JR.
4317 PINFISH LANE
PALMETTO, FL 34221

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHENSON, JAMES F JR 4317 PINFISH LANE PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, JOSEPH H JR 1529 43RD AVE. DR. W. PALMETTO, FL 34221
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07/11/08-80008-009 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #