

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90078 046 ****50.00

DOCUMENT # L05000050764 1. Entity Name PET'S BEST FRIEND PET SITTING, LLC			
Principal Place of Business 2513 GRAND CAYMAN ST. SARASOTA, FL 34231 US		Mailing Address 2513 GRAND CAYMAN ST. SARASOTA, FL 34231 US	
2. Principal Place of Business 4152 Central Sarasota Pkwy Suite, Apt. #, etc. #735 City & State Sarasota, FL Zip 34238 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 12-1599928		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, HEIDI C 2513 GRAND CAYMAN ST. SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Schultz, Heidi C Street Address (P.O. Box Number is Not Acceptable) 4152 Central Sarasota Pkwy #735 City Sarasota FL Zip Code 34231	
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>Heidi C. Schultz</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/12/06</u>			
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR Heidi Schultz 4152 Central Sarasota Pkwy #735 Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>Heidi C. Schultz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/12/06</u>	Daytime Phone # <u>941-735-1698</u>