



FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000065079 1. Entity Name DOGGY SOD, LLC				Apr 14, 2008 08:00 Secretary of State	
Principal Place of Business 12572 CAPRI CIRCLE N TREASURE ISLAND, FL 33706 US		Mailing Address 12572 CAPRI CIRCLE N TREASURE ISLAND, FL 33706 US			
DO NOT WRITE IN THIS SPACE					
				01192008No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 20-3093525		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 WADSWORTH, NADINE 12572 CAPRI CIRCLE N TREASURE ISLAND, FL 33706				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS				000000894522 04/24/08-80032-008 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM WADSWORTH, NADINE 12572 CAPRI CIRCLE N TREASURE ISLAND, FL 33706			
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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: Nadine Wadsworth NADINE WADSWORTH 4/10/08 727-420-5656 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					