

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00
Secretary of State

DOCUMENT # L05000068688

1. Entity Name
STAY AND PLAY PET RESORT, LLC



Principal Place of Business
**3155 NORTH RYE ROAD
PARRISH, FL 34219**

Mailing Address
**3155 NORTH RYE ROAD
PARRISH, FL 34219**



04272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3135470	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARNES, GARRET T
BARNES WALKER & LAKIN, CHARTERED
3119 MANATEE AVENUE WEST
BRADENTON, FL 34205**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000757494
05/23/07-80073-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDROY, JOVONNIE L 3155 NORTH RYE ROAD PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCINERNEY, RUSSELL 3155 NORTH RYE ROAD PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICOLAS, LIN A 3155 NORTH RYE ROAD PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

4/28/07 941-748-3087

Date

Daytime Phone #