

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

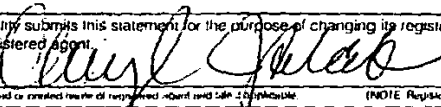
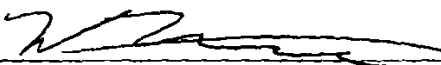
FILED
Jun 20, 2006 8:00 am
Secretary of State

04-28-2006 90020 014 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000070377					
1. Entity Name FABDOG, LLC					
Principal Place of Business 512 S. 9TH STREET FORT PIERCE FL 34950			Mailing Address 512 S. 9TH STREET FORT PIERCE FL 34950		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1677656	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JAKAB, CHERYL 512 S. 9TH STREET FORT PIERCE FL 34950			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 			DATE 6-6-06		
(Signature, typed or printed name of registered agent and date is required)			(NOTE: Registered Agent signature required which includes)		
			FILE NOW!!! FEE IS \$50.00		
			Make Check Payable to Florida Department of State.		
			Due By May 1, 2006		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	FABISZEWSKI, WALTER J III		NAME		
STREET ADDRESS	8 ASPEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE MAY COURTHOUSE NJ 08210		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: 			3/17/06 601-780-7220		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			L140 Daytime Phone #		