

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071848

Entity Name: POOCHIE PARLOR LLC

FILED
Feb 10, 2006
Secretary of State

Current Principal Place of Business:

620 SW GROVE AVENUE
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

620 SW GROVE AVENUE
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIMBALL, CAROL D
620 SW GROVE AVENUE
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIMBALL, CAROL D
Address: 620 SW GROVE AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: MGRM () Delete
Name: KIMBALL, DOUGLAS R
Address: 620 SW GROVE AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 3

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS R KIMBALL

OWNE

02/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date