2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# L05000071848

Entity Name: POOCHIE PARLOR LLC

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: 20-3368476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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, F' 34983 US

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

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CAROL D. KIMBALL MGRM 03/10/2008

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