


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90208 021 ****50.00

DOCUMENT # L05000073961 1. Entity Name PORTABLE DOG WASH LLC			
Principal Place of Business 331 PINE TERRACE UNIT B WEST PALM BEACH, FL 33405 US		Mailing Address 331 PINE TERRACE UNIT B WEST PALM BEACH, FL 33405 US	
2. Principal Place of Business - No P.O. Box # 5200 Kelly Drive Suite, Apt. #, etc.		3. Mailing Address 5200 Kelly Drive Suite, Apt. #, etc.	
City & State West Palm Beach, Florida Zip 33415 Country		City & State West Palm Beach, Florida Zip 33415 Country	
4. FEI Number 84-1687404		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01162007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SMITH, JENNIFER D 331 PINE TERRACE UNIT B WEST PALM BEACH, FL 33405		7. Name and Address of New Registered Agent Name Jennifer D Smith Street Address (P.O. Box Number is Not Acceptable) 5200 Kelly Drive City West Palm Beach FL Zip Code 33415	
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 <u><i>Jennifer D Smith</i></u> 2-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, JENNIFER D 331 PINE TERRACE UNIT B WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5200 Kelly Drive <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition West Palm Beach, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Jennifer D Smith</i></u> Jennifer D Smith		2-17-07 561-951-4052 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	