2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L05000075765

Entity Name: WOOF 'N WASH MOBILE DOG GROOMING, LLC

Current Principal Place of Business:

800 NE 16TH STREET
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

216 NW 21 ST
WILTON MANORS, FL 33311

Current Mailing Address:

800 NE 16TH STREET
FORT LAUDERDALE, FL 33304

New Mailing Address:

216 NW 21 ST
WILTON MANORS, FL 33311

FEI Number: 20-3252220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHECKMARK SERVICES, INC.
3499 NE 12TH TERRACE
OAKLAND PARK, FL 33334 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: ARIAS, TOMAS A JR
Address: 800 NE 16TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM ( ) Delete
Name: JAMES, STOVER D
Address: 800 NE 16TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ARIAS, TOMAS A JR
Address: 216 NW 21 ST
City-St-Zip: WILTON MANORS, FL 33311

Title: MGRM (X) Change ( ) Addition
Name: JAMES, STOVER D
Address: 216 NW 21 ST
City-St-Zip: WILTON MANORS, FL 33311

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: JAMES STOVER OWNR 04/15/2009

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