

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000083434

**FILED**  
**Mar 14, 2007**  
**Secretary of State**

**Entity Name:** BARK AVENUE GROOMING & PET DAY CARE, LLC

**Current Principal Place of Business:**

1651 SW CEFALU CIRCLE  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

1030 SW MARRTIN DOWNS BLVD.  
PALM CITY, FL 34990

**Current Mailing Address:**

1651 SW CEFALU CIRCLE  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

1651 SW MATIN DOWNS BLVD.  
PALM CITY, FL 34990

**FEI Number:** 03-0568359      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351      US

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: LESLIE L., GOLDEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GOLDEN, LESLIE L  
Address: 1651 SW CEFALU CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGRM      ( ) Delete  
Name: GOLDEN, EDWARD T  
Address: 1651 SW CEFALU CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953

**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: LESLIE L. GOLDEN

OWN

03/14/2007

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