## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000083434

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

FILED Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1030 SW MARRTIN DOWNS BLVD. 61 SW MONTERREY ROAD PALM CITY, FL 34990

STUART, FL 34994

**Current Mailing Address: New Mailing Address:** 

1651 SW CEFALU CIRCLE 1651 SW MATIN DOWNS BLVD. PORT SAINT LUCIE, FL 34953 PALM CITY, FL 34990

FEI Number: 03-0568359 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

A1A REGISTERED AGENT INC. GOLDEN, LESLIE L 1651 SW CEFALU CIRCLE 5647 110TH AVE. NORTH ROYAL PALM BEACH, FL 334110000 US PORT SAINT LUCIE, FL 34953 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 04/22/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

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

Title: MGRM () Delete Title: () Change () Addition

Name: GOLDEN, EDWARD T Name: Address: 1651 SW CEFALU CIRCLE Address: City-St-Zip: PORT ST. LUCIE, FL 34953 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: LESLIE L GOLDEN **MGRM** 04/22/2009