

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 14, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000094582

1. Entity Name
THREE DOG DRY CLEANING, L.L.C.



Principal Place of Business
**12720 S. ORANGE BLOSSOM TRAIL
SUITE 26
ORLANDO, FL 32837**

Mailing Address
**696 E. ALTAMONTE DRIVE
SUITE 4
ALTAMONTE SPRINGS, FL 32701**



02112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1126356

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SKRIVAN, KENT A ESQ
LAW OFFICES OF KENT A. SKRIVN PLLC
801 LAUREL OAK DRIVE SUITE 705
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	D'ANNUNZIO, DAVID
STREET ADDRESS	696 E. ALTAMONTE DRIVE SUITE 4
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/07-80013-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

462-
902-5773
2/14/07