


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90035 049 ****55.00

DOCUMENT # L05000097887 1. Entity Name POSH PET SITTING, LLC					
Principal Place of Business P.O. BOX 9055 NAPLES, FL 34112 US			Mailing Address P.O. BOX 9055 NAPLES, FL 34112 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>P.O. Box 9055</i>		Suite, Apt. #, etc. <i>P.O. Box 9055</i>			
City & State <i>Naples, Florida</i>		City & State <i>Naples, Florida</i>		4. FEI Number <i>20-3590172</i>	
Zip <i>34102</i>		Country <i>US</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NIX, MELISSA K 1840 FLORIDA CLUB CIRCLE #5308 NAPLES, FL 34112			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIX, MELISSA K 1840 FLORIDA CLUB CIRCLE #5308 NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIX, STEVEN R 1840 FLORIDA CLUB CIRCLE #5308 NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Melissa K. Nix</i>		Date <i>1/9/06</i> Daytime Phone # <i>239-734.0120</i>			