## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

DOCUMENT # L05000097887  1. Entity Name POSH PET SITTING, LLC					01-12-2006	90035 049 *	***55.0	<b>30</b>
Principal Place of Business P.O. BOX 9055 NAPLES, FL 34112 US		Mailing Address P.O. BOX 9055 NAPLES, FL 34112 US			2000303			
2. Principal Place of Business		3. Mailing Address						
Suite Apt. #, etc. P. O. Box 9055		Suite Apt. #, etc. P. D. Box 9055		01062006	Chg-LLC	CR2E083 (1		11 - al F <sup>o</sup> ne
City & State Naples, Florida		City & State Naples, Florida		4. FEI Numb	ser 1590172		1	lied For Applicable
21p 34102 Country U.S		Zip 34102	Country US	5. Certificate	e of Status Desired		00 Additi Required	onal
	6. Name and Address of Current R	egistered Agent	Name	7. Name and	d Address of New R	legistered Agent	t	
NIX, MELISSA K 1840 FLORIDA CLUB CIRCLE				is (P.O. Box Numb	per is Not Acceptable	e)		
#5308 NAPLES, FL 34112								
NAPLES, FL 34112			City	FL Zip Code				
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								nd accept
the obligations of registered agent.  SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argusture required when renstating)  DATE								
Dı	iling Fee Is \$50.00 ue by May 1, 2006				Florida	te check payab a Department o		
9. TITLE	MANAGING MEMBER	RS/MANAGERS	TITLE		ADDITIONS	·	Change	☐ Addition
NAME STREET ADORESS	NIX, MELISSA K 1840 FLORIDA CLUB CIRCLE #5	NAME STREET ADDRESS			<u>.</u>	utera ngu		
CITY-ST-ZIP	NAPLES, FL 34112	C/TY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIX, STEVEN R 1840 FLORIDA CLUB CIRCLE #5: NAPLES, FL 34112	□ Delete 308	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delicte	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			Change	Addition
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: Melina K. Thy 1/9/06 239-734.0120 SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGERY, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #								