


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 11, 2007 8:00 am
Secretary of State

08-28-2007 90065 005 ****50.00

| | | | |
|--|---|---|---|
| DOCUMENT # L05000101647 | |  | |
| 1. Entity Name GALLOWAY K-9 CONSULTING GROUP, LLC | | | |
| Principal Place of Business 1231 OAKHAVEN DRIVE ALTAMONTE SPRINGS FL 32714 | | Mailing Address 1231 OAKHAVEN DRIVE ALTAMONTE SPRINGS FL 32714 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent GALLOWAY, RICHARD K 1231 OAKHAVEN DRIVE ALTAMONTE SPRINGS FL 32714 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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 the obligations of registered agent. | | | |
| SIGNATURE <i>Richard K. Galloway</i> | | DATE <i>8/9/2007</i> | |
| <small>Signature, typed or printed name of registered agent and office if applicable</small> | | <small>(NOTE: Registered Agent signature required when furnished)</small> | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 | | | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GALLOWAY, RICHARD K 1231 OAKHAVEN DRIVE ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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>R. Galloway</i> | | DATE: <i>8/9/2007</i> 407-923-6897 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date Daytime Phone #</small> | |

30012816



2nd MOORE CR2E083 (4/07)

03-0587854 APPLIED FOR

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required