

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90063 018 \*\*\*\*50.00

DOCUMENT # L06000003354

1. Entity Name  
DOG HOUSE HOLDINGS, LLC



Principal Place of Business Mailing Address  
PO BOX 48668 PO BOX 48668  
ST. PETERSBURG, FL 33743 US ST. PETERSBURG, FL 33743 US

60044309



2. Principal Place of Business - No P.O. Box #  
2852 20th Ave N  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04272007 Chg-LLC CR2E083 (12/06)

City & State  
St Petersburg FL

City & State

4. FEI Number  
20-4109993

Applied For  
Not Applicable

Zip Country  
33713 USA

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLAN, MARK R ESQ.  
2852 - 20TH AVENUE NORTH  
ST. PETERSBURG, FL 33713

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/07

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME CHARLES BRUCE HAMMIL ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME MARK ☐ Change ☒ Addition  
CHARLES BRUCE HAMMIL  
STREET ADDRESS 2852 - 20TH AVE N  
CITY - ST - ZIP ST. PETERSBURG FL 33713

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

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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:

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

Date

Daytime Phone #

MARK R. DOLAN - ATTY 4/27/07 (727) 565-5540