

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90364 019 *****50.00

DOCUMENT # L06000014839

1. Entity Name

BARK PLACE MOBILE GROOMING, LLC



Principal Place of Business

Mailing Address

5156 KEENELAND CIRCLE
ORLANDO FL 32819

PO BOX 361
GOTHA FL 34734

2. Principal Place of Business - No P.O. Box #

2500 Tryon Pl.

3. Mailing Address

P.O. Box 361

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Windermere FL

City & State

Gotha FL

Zip

34786

Country

USA

Zip

34734

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVENUE
SUITE 1000 (JGH)
ORLANDO FL 32801-5403

7. Name and Address of New Registered Agent

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

Cheryl Kisselbach

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

(NOTE: Registered Agent signature required when reinstating)

4/13/07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	President Cheryl Kisselbach 2500 Tryon Pl. Windermere, FL 34786	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	V.P. - Treas. Deborah Wunderly 2500 Tryon Pl. Windermere, FL 34786	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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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 Section 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:

Cheryl Kisselbach

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

4/13/07

Date

(407) 876-5542

Daytime Phone #