


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90187 026 ****50.00

DOCUMENT # L06000023436	
1. Entity Name WHACH-A-PET, LLC	

Principal Place of Business 2250 NW 78TH AVENUE SUITE 203 HOLLYWOOD, FL 33024	Mailing Address 2250 NW 78TH AVENUE SUITE 203 HOLLYWOOD, FL 33024
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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

	
01092007 Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-4463117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
THE LAW OFFICE OF NYDIA MENENDEZ, LLC 2699 STIRLING ROAD BUILDING B, SUITE 200 FORT LAUDERDALE, FL 33312	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	
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 STREET ADDRESS CITY - ST - ZIP	MGR AGRO, TRACY 2250 NW 78TH AVENUE #203 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: <u>Tracy Agro</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>2-27-07</u> Daytime Phone # <u>954-962-7494</u>