2008 LIMITED LIABILITY COMPANY ANNUAL-REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000023436

1. Entity Name
WHACH-A-PET, LLC

FILED Apr 09, 2008 08:00 Al Secretary of State

Principal Place of Business

2250 NW 78TH AVENUE

SUITE 203 HOLLYWOOD, FL 33024 Mailing Address

2250 NW 78TH AVENUE SUITE 203 HOLLYWOOD, FL 33024



04052008 No Chg-LLC

CR2E083 (12/07)

| 4. | FEI Number | | | | |
|------------|------------|--|--|--|--|
| 20-4463117 | | | | | |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

| | | | Registered | |
|--|--|--|------------|--|
| | | | | |
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THE LAW OFFICE OF NYDIA MENENDEZ, LLC 2699 STIRLING ROAD BUILDING B, SUITE 200 FORT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

| | B, SUITE 200 JDERDALE, FL 33312 | IN THIS SPACE | | | | | |
|---|---|---|--|--|--|--|--|
| 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. | | egistered Agent signature required when reinstating) DATE | | | | | |
| | ! NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75 | 900000388421 04/22/08-80013-008 138.75 | | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR AGRO, TRACY 2250 NW 78TH AVENUE #203 HOLLYWOOD, FL 33024 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |

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: | |
|------------|---|
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4-5-08 954-290-662

Date

Daytime Phone #