

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90048 048 ***138.75

DOCUMENT # L06000027778					
1. Entity Name DUCK AND DOG, LLC					
Principal Place of Business 3600 16TH ST N ST. PETERSBURG, FL 33704 US			Mailing Address P.O. BOX 60145 3600 16th St N ST. PETERSBURG, FL 33784 US 33704		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3600 16th St N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State St Petersburg FL		4. FEI Number NOT APPLICABLE	
Zip		Country 33704 Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NUNGESSER, TIMOTHY J 3600 16TH ST N ST. PETERSBURG, FL 33704					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 DATE <u>26 Aug 08</u>					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, DONALD J 6746 13TH ST N ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUNGESSER, TIMOTHY J 3600 16TH ST N ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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>Timothy Nungesser</u> <u>26 Aug 08</u> <u>813 601-0966</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					