

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041167

FILED
May 15, 2008
Secretary of State

Entity Name: PAULINE'S PET STYLING LLC

Current Principal Place of Business:

2694 SPRUCE CREEK BLVD.
PORT ORANGE, FL 321286781 US

New Principal Place of Business:

5000 S. CLYDE MORRIS BLVD., #6
PORT ORANGE, FL 321278984 US

Current Mailing Address:

2694 SPRUCE CREEK BLVD.
PORT ORANGE, FL 321286781 US

New Mailing Address:

FEI Number: 20-4730714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KURPINSKY, PAULINE M
2694 SPRUCE CREEK BLVD.
PORT ORANGE, FL 321286781 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KURPINSKY, PAULINE M
Address: 2694 SPRUCE CREEK BLVD.
City-St-Zip: PORT ORANGE, FL 321286781 US

Title: MGRM () Delete
Name: KURPINSKY, THOMAS J
Address: 2694 SPRUCE CREEK BLVD.
City-St-Zip: PORT ORANGE, FL 321286781 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS J. KURPINSKY

MGRM

05/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date