

FILED

2008 APR 23 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000042881				2008 APR 23 PM 1:16	
1. Entity Name SPECIALTY PET PRODUCTS, L.L.C.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1792 CRANBERRY ISLES WAY APOPKA, FL 32712		Mailing Address 1792 CRANBERRY ISLES WAY APOPKA, FL 32712			
2. Principal Place of Business - No P.O. Box # 6401 Carmel Road Suite, Apt. #, etc. Suite 204 City & State Charlotte, NC Zip 28226 Country USA		3. Mailing Address 6401 Carmel Road Suite, Apt. #, etc. Suite 204 City & State Charlotte, NC Zip 28226 Country USA		02192008 REIN-LLC CR2E101 (1/07)	
				4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGLE, SEAN 706 TURNBULL AVENUE, SUITE 203 ALTAMONTE SPRINGS, FL 32701		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL HOGE CREATIONS, INC. 5615 HIGHWAY 74 EAST MARSHVILLE, NC 28103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200124380632 04/18/08--01046--010 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08 <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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

SPECIALTY PET PRODUCTS, LLC

ANNUAL REPORT

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TALLAHASSEE, FLORIDA

Manager/Members Detail:

Paul Hoge Creations, Inc.
5615 Highway 74 East
Marshville, NC 28103

PWMC, Inc.
6401 Carmel Road, Suite 204
Charlotte, NC 28226

Consultants to Industry, Inc.
1792 Cranberry Isles Way
Apopka, FL 32712

McGaycee, Inc.
28 Ash Street
Basking Ridge, NJ 07920

Viscidi Communications, Inc.
One Hollis Street, Suite 305
Wellesley, MA 02482