## L06000042881

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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Speciatly Pet Products LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Sean Boste Name of Person		
Boste Law Frm. Firm/Company		
P. O. Box 151358  Address		
Altamonte Spring R 32715 City/State and Zip Code		
Sean @ bogle law furn Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Sean Boole at (407) 834 3311  Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$ Certified Copy		



August 18, 2009

LAW OFFICES OF SEAN F. BOGLE, P.A. 101 SOUTH NEW YORK AVENUE SUITE 205 WINTER PARK, FL 32789

SUBJECT: SPECIALTY PET PRODUCTS, L.L.C.

Ref. Number: L06000042881

We have received your document for SPECIALTY PET PRODUCTS, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 009A00027948

Neysa Culligan Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## STEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ageni, or boin, in the state of ribrida.	
1. Name of the limited liability company:Speci	alty Pet Products, LLC
2. (a) Principal office address of limited liability compan	y: 6401 Carmel Road
(Note: MUST BE STREET ADDRESS)	Suite 204 Charlotte, NC 2822
(b) Mailing address of limited liability company:	same Pg 8
(Note: MAY BE POST OFFICE BOX)	ARE CITI
3. Date of filing/registration in Florida	Loboody 28 B T
5. (a) Registered Agent and Registered Office shown on	<u>∞</u> ä
Registered Agent:	Sean F. Boole Esa.
Registered Office Address:	706 Turnbull Ave. # 203
Registered Office Address.	Altamonte Springs FL 327
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> NEW Registered Agent:	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	101 South New York Avenue Suite 205 Winter Park ,FL 32789
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Paul R Walsh JR. Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL '32314 FILING FEE: \$25.00