

FILED

2007 AUG -8 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY COMPANY ANNUAL REINSTATEMENT REPORT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000045442

1. Limited Liability Company's Name

Susan's Elite Mobile Dog Grooming LLC

2. Principal Office Address - No P.O. Box #

2016 S.W. 16 Ave  
Suite, Apt. #, etc.

3. Mailing Office Address

SAME  
Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

FL

Zip

33426

Country

Palm Beach

Zip

33426

Country

FL

4. State/Country of Formation

Palm Beach

5. Date Organized or Qualified To Do Business in Florida

May 2, 2006

6. FEI Number

☒ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status.

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

8. Name and Address of Current Registered Agent

Name

Susan Miller

Street Address (P.O. Box Number is Not Acceptable)

2016 S.W. 16 Ave.

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33426

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Susan Miller

REGISTERED AGENT MUST SIGN

Date 8-2-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u>	<u>Miller Susan</u>	<u>1610 16 Ave North</u>	<u>Lake Worth FL 33460</u>

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Susan Miller

Date 8-03-07

Daytime Phone# 754-647-6691

Typed or printed name of signing Managing Member/Manager

Susan Miller