

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046092

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** CREATURE COMFORT-HEALING TOUCH FOR ANIMALS, LLC

**Current Principal Place of Business:**

17534 CIRCLE POND COURT  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

**Current Mailing Address:**

17534 CIRCLE POND COURT  
BOCA RATON, FL 33496 US

**New Mailing Address:**

**FEI Number:** 20-4826193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALLINGER, MARTIN R ESQ.  
980 N FEDERAL HIGHWAY  
SUITE 302  
BOCA RATON, FL 33432 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:** COYNE, DEBORAH P  
**Address:** 17534 CIRCLE POND COURT  
**City-St-Zip:** BOCA RATON, FL 33496 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** COYNE TOSTANOSKI, DEBORAH P  
**Address:** 17534 CIRCLE POND COURT  
**City-St-Zip:** BOCA RATON, FL 33496 US

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:** DEBORAH P. (COYNE) TOSTANOSKI

MS.

03/31/2009

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