

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054603

FILED
Apr 03, 2008
Secretary of State

Entity Name: GREEN PAW MANAGEMENT, LLC

Current Principal Place of Business:

10119 CANNON DR
RIVERVIEW, FL 33569

New Principal Place of Business:

10119 CANNON DR
RIVERVIEW, FL 33578

Current Mailing Address:

10119 CANNON DR
RIVERVIEW, FL 33569

New Mailing Address:

10119 CANNON DR
RIVERVIEW, FL 33578

FEI Number: 51-0583819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, JEFFREY J
10119 CANNON DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

HOFFMAN, JEFFREY J
10119 CANNON DR
RIVERVIEW, FL 33578 US

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:

04/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOFFMAN, JEFFREY J
Address: 10119 CANNON DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: ST () Delete
Name: HOFFMAN, SHELLY R
Address: 10119 CANNON DR.
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOFFMAN, JEFFREY J
Address: 10119 CANNON DR.
City-St-Zip: RIVERVIEW, FL 33578

Title: ST (X) Change () Addition
Name: HOFFMAN, SHELLY R
Address: 10119 CANNON DR.
City-St-Zip: RIVERVIEW, FL 33578

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: JEFFREY JAMES HOFFMAN

MGRM

04/03/2008

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