2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State
03-14-2007 90212 036 ****50.00

DOCUMENT # L06000064466

1. Entity Name
OH, FOR PET'S SAKE ! LLC

Principal Place of Business	Mailing Address
1256 SARNO RD. MELBOURNE FL 32935 US	1256 SARNO RD. MELBOURNE FL 32935 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #: 1256 Sarno Rd
Suite, Apt. #, etc.:
City & State: Melbourne FL
Zip: 32935 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 51-0622552 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOT, KAREN B
4985 RANCHLAND RD.
MELBOURNE FL 32934

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 Karen B Elliot 3-4-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Karen Elliot - President 4985 Ranchland Rd Melbourne FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Karen B Elliot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #