

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069341

FILED  
Apr 02, 2008  
Secretary of State

Entity Name: COCO'S PET RETIREMENT HOME LLC

## Current Principal Place of Business:

7225 JOHNSTON ROAD  
ZOPLFO SPRINGS, FL 33890

## New Principal Place of Business:

7225 JOHNSTON ROAD  
ZOLFO SPRINGS, FL 33890

## Current Mailing Address:

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134

## New Mailing Address:

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134

FEI Number: 20-5498660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: GARCIA, MARIA  
Address: 7225 JOHNSTON ROAD  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: MGR ( ) Delete  
Name: MOLINA, JORGE L  
Address: 7225 JOHNSTON ROAD  
City-St-Zip: ZOLFO SPRINGS, FL 33890

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARIA GARCIA

MGR

04/02/2008

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