-. 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Feb 11, 2008 08:00 AM Secretary of State **DOCUMENT # L06000078179** 1. Entity Name GROOMER'S HARDWARE OF FLORIDA, LLC Principal Place of Business Mailing Address 1511 CARMEL AVENUE 1511 CARMEL AVENUE **CLEARWATER FL 33756** CLEARWATER F 33756 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-5335998 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAMPION, CHRISTOPHER D Street Address (P.O. Box Number is Not Acceptable) 1511 CARMEL AVENUE CLEARWATER FL 33756 City 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 Signaturo, typed or printed name of registered agent and the Europiasaia (NOTE: Registered Againt's qualities required when remarking) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Change ☐ Addition ☐ Delete TITLE NAME CHAMPION, CHRISTOPHER D NAME STREET ADDRESS 1511 CARMEL AVENUE STREET ADDRESS U00000824348 /20/08=80074-007_138_79 CITY-ST-ZIP **CLEARWATER FL 33756** CITY-ST-Z:P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TOLE ☐ Delete HTLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZiP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

SIGNATURE: Chartener Charpion Western Signature and typed on printed name of signing managing member. MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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