

**2008 LIMITED LIABILITY COMPANY.
ANNUAL REPORT**

FILED
Mar 05, 2008 8:00 am
Secretary of State

01-25-2008 90085 001 ***143.75

DOCUMENT # L06000090733

1. Entity Name
ONE LUCKY DOG COUTURE L.L.C.



Principal Place of Business *SATVIE AS*
**1160-103 STREET
APT - 26
BAY HARBOR ISLANDS, FL 33154**

Mailing Address
**10350 WEST BAY HARBOR DRIVE
APT - 8S
BAY HARBOR ISLANDS, FL 33154**

30001221



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
76-0832210

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

*1065 97th St Suite #3
Bay Harbor Islands, FL 33154*
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEINBERG, HOWARD
1930 HARRISON STREET
SUITE - 503
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--|
| TITLE | MGR |
| NAME | BARANEK, BRENDA |
| STREET ADDRESS | 10350 WEST BAY HARBOR DRIVE APT - 8S |
| CITY-ST-ZIP | BAY HARBOR ISLANDS, FL 33154 |
| TITLE | MGR |
| NAME | HORBERG, KATHRYN |
| STREET ADDRESS | <i>Pending New Address</i> 1160-103 STREET STREET APT - 26 |
| CITY-ST-ZIP | BAY HARBOR ISLANDS, FL 33154 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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33154*

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Brenda Baranek

3/2/08 (305) 588-3201