


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 26, 2007 8:00 am**  
**Secretary of State**

07-26-2007 90010 022 \*\*\*\*50.00

<b>DOCUMENT # L06000091732</b> 1. Entity Name <b>CAT NAP ENTERPRISES, LLC</b>					
Principal Place of Business <b>1930 NE 52ND STREET FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>1930 NE 52ND STREET FORT LAUDERDALE, FL 33308</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent <b>ARPIN, KATHRYN 1930 NE 52ND STREET FORT LAUDERDALE, FL 33308</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ARPIN, KATHRYN 1930 NE 52ND STREET FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u>Kathryn Arpin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>7/18/2007</u> <small>Date Daytime Phone #</small>		

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07182007 Chg-LLC CR2E083 (12/06)

4. FEI Number **02-0793175** Applied For Not Applicable

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