

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094193

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** HEALING PAWS-ABILITIES, LLC

**Current Principal Place of Business:**

3956 MAXINE STREET  
FT. MYERS, FL 33901

**New Principal Place of Business:**

1031 NE PINE ISLAND RD  
SUITE B  
CAPE CORAL, FL 33909

**Current Mailing Address:**

3956 MAXINE STREET  
FT. MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 26-0365258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOTTLIEB, BRUCE M ESQ.  
125 NORTH 46TH AVENUE  
HOLLYWOOD, FL 33021 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: LEGARRETA, KELLY  
Address: 3956 MAXINE STREET  
City-St-Zip: FT. MYERS, FL 33901

**ADDITIONS/CHANGES:**

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: KELLY LEGARRETA

MGR

04/24/2009

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