

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000094193

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

12140 METRO PARKWAY  
UNIT G  
FORT MYERS, FL 33966

**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  
Name: LEGARRETA, KELLY  
Address: 3956 MAXINE STREET  
City-St-Zip: FT. MYERS, FL 33901

I hereby 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

04/30/2010

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