

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098268

Entity Name: PET GROOMING LLC

FILED  
Jul 02, 2007  
Secretary of State

**Current Principal Place of Business:**

501-D NW 23RD AVE  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

501-D NW 23RD AVE  
GAINESVILLE, FL 32609

**New Mailing Address:**

FEI Number: 20-5682939      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HOLTZENDORF, JOHN A  
20109 NW CR 235  
LAKE BUTLER, FL 32054      US

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: HOLTZENDORF, JOHN A  
Address: 20109 NW CR 235  
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: MGR      ( ) Delete  
Name: HOLTZENDORF, LISA M  
Address: 20109 NW CR 235  
City-St-Zip: LAKE BUTLER, FL 32054 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN HOLTZENDORF

MGR

07/02/2007

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