~ 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Aug 06, 2007 8:00 am Secretary of State **DOCUMENT # L06000112505** 04-16-2007 90357 005 ****50 00 COMPANION ANIMAL BEHAVIOR SOLUTIONS, LLC Principal Place of Business Mailing Address 301 RIDGE ROAD 301 RIDGE ROAD PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 Mailing Address 398 Lou 2. Principal Place of Business - No P.O. Box # 39 8 1 ane Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-595404 alm Not Applicable 2134683 Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THEIS, TRACI Street Address (P.O. Box Number is Not Acceptable) 301 RIDGE ROAD PALM HARBOR, FL 34683 398 Dne 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 the obligations of registered agent SIGNATURE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ППΕ Change Addition ☐ Delete THEIS, TRACI NAME NAME 39B Laurel Lane 301 RIDGE ROAD STREET ACCRESS STREET ADDRESS Palm Harbor, FL CITY - ST - ZIP PALM HARBOR, FL 34683 CITY - ST - ZIP MLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY - ST - ZIP ☐ Delete nn e Change | ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C07Y - ST- 700 TITLE ☐ Delete MLE ☐ Change Addition NAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY - ST - 76 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 4-10-0

FILED