

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113467

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** DOGGIE CARE, LLC

**Current Principal Place of Business:**

32 NORTH BREVARD AVE  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

200 S. BANANA RIVER BLVD.  
1504  
COCOA BEACH, FL 32931

**New Mailing Address:**

508 RIOMAR AVE  
ORLANDO, FL 32828

**FEI Number:** 20-5936920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHEPPARD, WILLIAM  
200 S. BANANA RIVER BLVD.  
1504  
COCOA BEACH, FL 32931 US

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

SHEPPARD, WILLIAM  
508 RIOMAR AVE  
ORLANDO, FL 32828 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:**

01/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SHEPPARD, WILLIAM  
**Address:** 508 RIOMAR AVE  
**City-St-Zip:** ORLANDO, FL 32828

**Title:** MGR  
**Name:** PETERS, JAY S  
**Address:** 508 RIOMAR AVE  
**City-St-Zip:** ORLANDO, FL 32828

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:** JAY S. PETERS

MGR

01/06/2010

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