

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113467

Entity Name: DOGGIE CARE, LLC

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

32 NORTH BREVARD AVE  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

508 RIOMAR AVE  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 20-5936920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHEPPARD, WILLIAM  
508 RIOMAR AVE  
ORLANDO, FL 32828 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: 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

02/03/2011

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