

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000015354

FILED
Mar 24, 2008
Secretary of State

Entity Name: K9 LOG OPS LLC

Current Principal Place of Business:

3308 NEEDLE PALM DRIVE
EDGEWATER, FL 32141 US

New Principal Place of Business:

Current Mailing Address:

3308 NEEDLE PALM DRIVE
EDGEWATER, FL 32141 US

New Mailing Address:

FEI Number: 20-8497139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYBRAND, CYNTHIA M
728 CANAL STREET
NEW SMYRNA BEACH, FL 321686903 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: MGRM () Delete
Name: LOWE, RODGER D
Address: 3308 NEEDLE PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: MGR () Delete
Name: LOWE, SHARON A
Address: 3308 NEEDLE PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: LOWE, RODGER D
Address: 3308 NEEDLE PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: PRES (X) Change () Addition
Name: LOWE, SHARON A
Address: 3308 NEEDLE PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

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: SHARON LOWE

PRES

03/24/2008

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