2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# L07000015354

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 (X)**

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

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

ADDITIONS/CHANGES:

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

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: SHARON A LOWE MGRM 01/30/2009

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