


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90106 043 ***138.75

DOCUMENT # L07000020701

1. Entity Name
HOT DIGGITY DOG, LLC



Principal Place of Business
265 S.W. PORT ST LUCIE BLVD., STE. 133
PORT SAINT LUCIE, FL 34984

Mailing Address
265 S.W. PORT ST LUCIE BLVD., STE. 133
PORT SAINT LUCIE, FL 34984

60040382



2. Principal Place of Business - No P.O. Box #
9965 MIRAMAR PKWY
 Suite, Apt. #, etc. **267**

3. Mailing Address
9965 MIRAMAR PKWY
 Suite, Apt. #, etc. **267**

05022008 Chg-LLC CR2E083 (12/06)

City & State
MIRAMAR, FLA

City & State
MIRAMAR, FLA

Zip
33025 Country

Zip
33025 Country

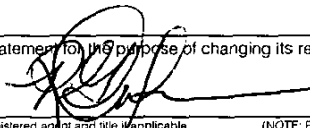
4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DUFRESNE, R.G.
~~**265 S.W. PORT ST LUCIE BLVD., STE. 133**~~
~~**PORT SAINT LUCIE, FL 34984**~~

7. Name and Address of New Registered Agent
 Name **DUFRESNE, R.G.**
 Street Address (P.O. Box Number is Not Acceptable)
N/A
9965 Miramar Pkwy # 267
 City **MIRAMAR** FL Zip Code **33025**

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, and accept the obligations of registered agent.

SIGNATURE  **R.G. DUFRESNE** DATE **05/02/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

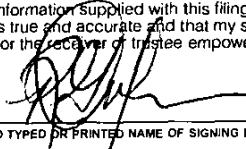
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	DUFRESNE, R.G.	265 S.W. PORT ST LUCIE BLVD., STE. 133	PORT SAINT LUCIE, FL 34984	<input type="checkbox"/>
MGR	DUFRESNE, JACQUES	265 S.W. PORT ST LUCIE BLVD., STE. 133	PORT SAINT LUCIE, FL 34984	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:  **R.G. DUFRESNE** DATE **05/02/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE