

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022081

FILED  
May 14, 2009  
Secretary of State

**Entity Name:** NATIONAL ACADEMY FOR DOGS, LLC

**Current Principal Place of Business:**

115 GUM STREET  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

115 GUM STREET  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 20-8594654      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CLOVER, JESSICA L  
115 GUM STREET  
ALTAMONTE SPRINGS, FL 32714      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CLOVER, JESSICA  
Address: 115 GUM STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM      ( ) Delete  
Name: HEIN, LINDSEY  
Address: 3464 SPUR ROAD  
City-St-Zip: ORLANDO, FL 32826

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JESSICA CLOVER

MGRM

05/14/2009

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