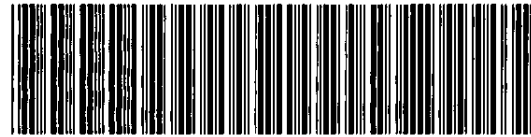


#L07000032487



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FILED  
11 SEP 19 PM 3:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP 20 2011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2011

DOGS AT PLAY, LLC  
4205 AVIAN AVE.  
FORT MYERS, FL 33916

SUBJECT: DOGS AT PLAY, LLC  
Ref. Number: L07000032487

We have received your document for DOGS AT PLAY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 411A00020213

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dogs AT PLAY, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Phillip J. Perry  
Name of Person

Dogs AT PLAY, LLC  
Firm/Company

4205 AVIAN AVE  
Address

FORT MYERS FL 33916  
City/State and Zip Code

Dogsplayhere@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip J. Perry at ( 239 ) 931 3647  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Dogs AT PLAY, LLC

2. (a) Principal office address of limited liability company: 4205 AVIAN AVE

**(Note: MUST BE STREET ADDRESS)**

FORT MYERS, FL 33916

(b) Mailing address of limited liability company:

4205 AVIAN AVE

**(Note: MAY BE POST OFFICE BOX)**

FORT MYERS, FL 33916

3-26-2007

3. Date of filing/registration in Florida

207 0000 32487

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

TRUMAN ~~John~~ COSTELLO JR

Registered Office Address:

12670 NEW BRITANNY BLVD #101

FORT MYERS, FL 33907

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

T. JOHN COSTELLO JR

**NEW Registered Office Address:**

12670 NEW BRITANNY BLVD #101

**(MUST BE FLORIDA STREET ADDRESS)**

FORT MYERS, FL 33907

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Phillip J. Perry  
Signature of a member or authorized representative of a member

Phillip J. Perry  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

John Costello Jr  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
11 SEP 19  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS