

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052493

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: CRITTER CARE, LLC

**Current Principal Place of Business:**

10942 PLUM NEARLY RD., BOX 128  
FOUNTAIN, FL 32438

**New Principal Place of Business:**

**Current Mailing Address:**

10942 PLUM NEARLY RD., BOX 128  
FOUNTAIN, FL 32438

**New Mailing Address:**

FEI Number: 26-0252387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUBBARD, CARLA  
10942 PLUM NEARLY RD., BOX 128  
FOUNTAIN, FL 32438 US

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

HUBBARD, CARLA A DR.  
10942 PLUM NEARLY RD., BOX 128  
FOUNTAIN, FL 32438 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: DR. CARLA A. HUBBARD

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HUBBARD, CARLA  
Address: 10942 PLUM NEARLY RD., BOX 128  
City-St-Zip: FOUNTAIN, FL 32438

**ADDITIONS/CHANGES:**

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: DR. CARLA A. HUBBARD

MGRM

04/29/2009

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