

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058974

FILED  
May 07, 2009  
Secretary of State

Entity Name: PAWS FOR THE CAUSE, LLC

**Current Principal Place of Business:**

6955 N.W. 173 DR.  
#103  
HIALEAH, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22637  
FT. LAUDERDALE, FL 33335

**New Mailing Address:**

P.O. BOX 171105  
HIALEAH, FL 33017

FEI Number: 26-2119347      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:**

FELTON, JESNINA  
10000 N.W. 80 CT.  
2504  
HIALEAH, FL 33016 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: HERNANDEZ, JESSIE  
Address: 6955 N.W. 173 DR #103  
City-St-Zip: HIALEAH, FL 33015

Title: MGRM ( ) Delete  
Name: HERNANDEZ, JOSE  
Address: 6955 N.W. 173 DR #103  
City-St-Zip: HIALEAH, FL 33015

**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: JESSIE HERNANDEZ

MGRM

05/07/2009

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