

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90050 013 ***143.75

DOCUMENT # L07000062231

1. Entity Name
LITTLE PET PROJECT, LLC



Principal Place of Business
**4815 W. SUNSET BLVD.
TAMPA, FL 33629**

Mailing Address
**4815 W. SUNSET BLVD.
TAMPA, FL 33629**

50008538



2. Principal Place of Business - No P.O. Box #

4815 W Sunset Blvd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

07102008 Chg-LLC CR2E083 (12/06)

City & State

Tampa

City & State

FL

4. FEI Number

75-325-1907

Applied For

Not Applicable

Zip
33629

Country

Hillsborough

Zip
33629

Country

U.S.

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRESNAIL, LISA
4815 W. SUNSET BLVD.
TAMPA, FL 33629**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-9-08

**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
**MGRM
PRESNAIL, LISA
4815 W. SUNSET BLVD.
TAMPA, FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WALSH, COLLEEN
~~2701 W. MISSISSIPPI AVENUE~~
TAMPA, FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addit
**2705 W MISSISSIPPI AVE
TAMPA FL 33629**

TITLE
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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:

**143.75
enclosed**