

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000067023

1. Entity Name
SJBDOGTRAINING.COM LLC



FILED
DIVISION OF STATE
CORPORATIONS

08 SEP 19 AM 11:07

Principal Place of Business
4351 NW 59TH ST
FT LAUDERDALE, FL 33319

Mailing Address
4351 NW 59TH ST
FT LAUDERDALE, FL 33319

2. Principal Place of Business - No P.O. Box #
4351 NW 59TH ST

3. Mailing Address
4351 NW 59TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33319

Country
USA

Zip
33319

Country
USA

07052008 Chg-LLC CR2E083 (12/06)

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, SHERYL
4351 NW 59TH ST
FT LAUDERDALE, FL 33319

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

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

(NOTE: Registered Agent signature required when reinstating).

DATE

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

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, SHERYL 4351 NW 59TH ST FT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700136267037 09/23/08--01048--001 **138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sheryl J. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #