

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070969

Entity Name: U - SCRUB A PUP, LLC

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

501 MARY ESTHER BLVD.
MARY ESTHER, FL 32569 US

New Principal Place of Business:

Current Mailing Address:

94A 2ND AVE.
SHALIMAR, FL 32579 US

New Mailing Address:

501 MARY ESTHER BLVD.
MARY ESTHER, FL 32569 US

FEI Number: 26-0548031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMBE, RANDALL B
94A 2ND AVE.
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

CULP, CLAIRE U
225 GREENBRIER DRIVE NE
FORT WALTON BEACH, FL 32547 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: CLAIRE U. CULP

03/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLCOMBE, RANDALL B
Address: 94A 2ND AVE.
City-St-Zip: SHALIMAR, FL 32579 US

Title: MGR () Delete
Name: CULP, CLAIRE U
Address: 101 OLD FERRY RD. UNIT 6D
City-St-Zip: SHALIMAR, FL 32579 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CULP, CLAIRE U
Address: 225 GREENBRIER DRIVE NE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGR (X) Change () Addition
Name: HOLCOMBE, RANDALL B
Address: 94A 2ND AVE.
City-St-Zip: SHALIMAR, FL 32579 US

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: CLAIRE U. CULP

MGR

03/11/2009

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