

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 23, 2008 8:00 am
Secretary of State

04-30-2008 90032 047 ***138.75

DOCUMENT # L07000092822

1. Entity Name
4 PAWS TRANSPORT, LLC



Principal Place of Business
11845 DONLIN DRIVE
WELLINGTON, FL 33414

Mailing Address
11845 DONLIN DRIVE
WELLINGTON, FL 33414

30007418



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

FEL Number

41-2251936

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINLEY, BRIAN
11845 DONLIN DRIVE
WELLINGTON, FL 33414

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
FINLEY, BRIAN
11845 DONLIN DRIVE
WELLINGTON, FL 33414 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
FINLEY, BONNIE
11845 DONLIN DRIVE
WELLINGTON, FL 33414 ☐ Delete

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

TITLE
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CITY- ST- ZIP
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CITY- ST- ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ 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: *Brian Finley*

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

Date

4/28/08

Daytime Phone #