

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098226

FILED
Apr 27, 2009
Secretary of State

Entity Name: PET PARTNERS OF ORLANDO LLC

Current Principal Place of Business:

7601 DELLA DRIVE SUITE 17
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

10 MOUNTAIN LEDGE DRIVE
WILTON, NY 12831

New Mailing Address:

FEI Number: 26-1174004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: SPRINKLE, LANCE
Address: 14 MADISON STREET
City-St-Zip: SARATOGA SPRINGS, NY 12866

Title: MGRM () Delete
Name: BUTERA, S. THOMAS
Address: 17 SAN GABRIEL LANE
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: SPRINKLE, TED
Address: 236 SHERWOOD FARM ROAD
City-St-Zip: FAIRFIELD, CT 06430

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LANCE SPRINKLE

MGRM

04/27/2009

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