

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 25, 2008 8:00 am
Secretary of State

03-20-2008 90179 004 ***143.75

3.



02222008 Chg-LLC CR2E083 (12/06)

4. FEI Number **261701963** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DOCUMENT # L07000103379			
1. Entity Name PET SUPER PARTNERS, LLC			
Principal Place of Business 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323		Mailing Address 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent HINDEN, JON A ESO. 4430 SOUTHWEST 64TH AVENUE DAVIE, FL 33314		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when consenting) 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	MGRM WEST, CHARLES E JR. 1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: Charles E West Jr Date: 2/27/08 Daytime Phone #: 954-351-0834