

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105738

Entity Name: GATORDOG FOODS, LLC

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

12526 SW SR 45  
ARCHER, FL 32618

**New Principal Place of Business:**

**Current Mailing Address:**

12526 SW SR 45  
ARCHER, FL 32618

**New Mailing Address:**

7257 N.W. 4TH BLVD  
PMB #197  
GAINESVILLE, FL 32607

FEI Number: 26-1266984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HATCH, RODNEY J  
12526 SW SR 45  
ARCHER, FL US

**Name and Address of New Registered Agent:**

GIROUARD, STACY P  
3007 S.W. 132ND TERRACE  
ARCHER, FL 32618 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: STACY P. GIROUARD

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HATCH, RODNEY J  
Address: 12526 SW SR 45  
City-St-Zip: ARCHER, FL 32618

Title: MGRM ( ) Delete  
Name: GIROUARD, STACY P  
Address: 3007 SW 132ND TERR,  
City-St-Zip: ARCHER, FL 32618

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GIROUARD, KRISTIN A  
Address: 3007 S.W. 132ND TERRACE  
City-St-Zip: ARCHER, FL 32618

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: STACY P. GIROUARD

MGRM

04/16/2009

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