

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111403

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: DOG WALKER SAFETY GEAR LLC

**Current Principal Place of Business:**

3620 NW 118TH AVENUE  
10  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3620 NW 118TH AVENUE  
10  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

VAZQUEZ, JAMIE  
3620 NW 118TH AVENUE  
10  
CORAL SPRINGS, FL 33065 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: MGR ( ) Delete  
Name: VAZQUEZ, JAMIE  
Address: 3620 NW 118TH AVENUE #10  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR ( ) Delete  
Name: VAZQUEZ, EVELYN  
Address: 3620 NW 118TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VAZQUEZ, JAIME  
Address: 3620 NW 118TH AVENUE #10  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR (X) Change ( ) Addition  
Name: VAZQUEZ, EVELYN  
Address: 3620 NW 118TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065

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: JAIME VAZQUEZ

MGR

04/29/2009

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