

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

77

**FILED**  
**Aug 15, 2008 8:00 am**  
**Secretary of State**

07-23-2008 90035 044 \*\*\*138.75

**DOCUMENT # L07000127819**

1. Entity Name  
**PET GUARD OF SOUTH FLORIDA LLC**



Principal Place of Business  
**1221 HILLSBORO MILE, SUITE 25A  
HILLSBORO BEACH, FL 33062**

Mailing Address  
**35 PHEASANT CANE  
HAMDEN, CT 06518**

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

**(L07000127819C)**

07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**06-1613256**

Applied For

Not Applicable

8. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PERRELLI, DAVID  
1221 HILLSBORO MILE, SUITE 25A  
HILLSBORO BEACH, FL 33062**

7. Name and Address of New Registered Agent

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **PERRELLI, DAVID**  
STREET ADDRESS **1221 HILLSBORO MILE, SUITE 25A**  
CITY-ST-ZIP **HILLSBORO BEACH, FL 33062**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, F.S. indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Florida Statutes. I further certify that the information I am a managing member or manager of the

**SIGNATURE**

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

**7-7-08**

Date

**954-531-2232**

Daytime Phone #