

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013699

**FILED**  
**Jan 13, 2009**  
**Secretary of State**

**Entity Name:** RUFFHAUS KENNELS LLC

**Current Principal Place of Business:**

22111 O'BRIEN ROAD  
HOWEY IN THE HILLS, FL 34737

**New Principal Place of Business:**

**Current Mailing Address:**

22111 O'BRIEN ROAD  
HOWEY IN THE HILLS, FL 34737

**New Mailing Address:**

FEI Number: 22-3976061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

DUMOND, HELEN R MGR  
22111 OBRIEN ROAD  
HOWEY IN THE HILLS, FL 34737 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: HELEN R. DUMOND

01/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DUMOND, HELEN R  
Address: 22111 O'BRIEN ROAD  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: S ( ) Delete  
Name: DUMOND, HELEN R  
Address: 22111 O'BRIEN ROAD  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

**ADDITIONS/CHANGES:**

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: HELEN R. DUMOND

MGR

01/13/2009

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