

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000014064

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** TIME SHIFTERS CANINE SEMEN BANK, LLC

**Current Principal Place of Business:**

7910 SR 72  
SARASOTA, FL 34241

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 5951  
SARASOTA, FL 34277

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

BOLT, CAROLYN  
2610 SUNNYSIDE STREET  
SARASOTA, FL 34239 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  
Name: BOLT, CAROLYN  
Address: 2610 SUNNYSIDE STREET  
City-St-Zip: SARASOTA, FL 34239

I hereby 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: CAROLYN BOLT

MGR

03/02/2011

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