2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000031002

Entity Name: PETTINGTON'S PET SUPPLIES, LLC

Current Principal Place of Business:

1930 PARK MEADOWS SUITE #6
FORT MYERS, FL 33907 US

New Principal Place of Business:

5322 MAJESTIC CT
CAPE CORAL, FL 33904 US

Current Mailing Address:

1930 PARK MEADOWS SUITE #6
FORT MYERS, FL 33907 US

New Mailing Address:

5322 MAJESTIC CT
CAPE CORAL, FL 33904 US

FEI Number: 26-2797263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROIANO, JOSEPH A ESQ.
12800 UNIVERSITY DRIVE, SUITE 380
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

SOMMER, SHAWN K
5322 MAJESTIC CT
CAPE CORAL, FL 33904 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: SHAWN SOMMER 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SOMMER, SHAWN K
Address: 1930 PARK MEADOWS SUITE #6
City-St-Zip: FORT MYERS, FL 33907 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SOMMER, SHAWN K
Address: 5322 MAJESTIC CT
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM ( ) Change (X) Addition
Name: PURDY, GLENN
Address: 5322 MAJESTIC CT
City-St-Zip: CAPE CORAL, FL 33904

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: SHAWN SOMMER MGRM 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date