

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000054634

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** PAWS FOR THE NIGHT, LLC

**Current Principal Place of Business:**

1788 SILAS CIR.  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

1788 SILAS CIR.  
CANTONMENT, FL 32533

**New Mailing Address:**

**FEI Number:** 26-2699574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NELSON, KATHY E CPA  
4771 LIVINGSTON DR.  
PENSACOLA, FL 32504 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: ROSS, KAREN G  
Address: 1788 SILAS CIR.  
City-St-Zip: CANTONMENT, FL 32533

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: KAREN G ROSS

MGMR

01/04/2010

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