

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056404

**FILED**  
**Jan 07, 2009**  
**Secretary of State**

**Entity Name:** A DOG'S DREAM DAYCARE, LLC

**Current Principal Place of Business:**

2520 DAVIS BLVD., SUITE B  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

2520 DAVIS BLVD., SUITE B  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 26-2847615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHAUS, JILL  
2520 DAVIS BLVD., SUITE B  
NAPLES, FL 34104 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: OWNR ( ) Change (X) Addition  
Name: SCHAUS, JILL  
Address: 2520 DAVIS BLVD., SUITE B  
City-St-Zip: NAPLES, FL 34104

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: JILL SCHAUS

OWNR

01/07/2009

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