

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068634

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** HOOVES, PAWS & CLAWS PROFESSIONAL PET SITTERS, LLC

**Current Principal Place of Business:**

3502 LOGUE ROAD  
MYAKKA CITY, FL 34251 US

**New Principal Place of Business:**

**Current Mailing Address:**

4949 STATE ROAD 64 EAST  
#209  
BRADENTON, FL 34208 US

**New Mailing Address:**

**FEI Number:** 26-3001735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WELDON, ANGELA L  
3502 LOGUE ROAD  
MYAKKA CITY, FL 34251 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: MGRM  
Name: WELDON, ANGELA L MGRM  
Address: 3502 LOGUE ROAD  
City-St-Zip: MYAKKA CITY, FL 34251 US

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: ANGELA L. WELDON

MGRM

02/16/2011

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