

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077926

Entity Name: THE PAW SPA, LLC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

12333 W. COLONIAL DR.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

12333 W. COLONIAL DR.
WINTER GARDEN, FL 34787

New Mailing Address:

2815 SILVER SPUR LN
ORLANDO, FL 32822

FEI Number: 26-3279912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECLAIR, LENNY M
16 E. PRINCETON ST.
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

LECLAIR, LENNY M
2815 SILVER SPUR LN
ORLANDO, FL 32822 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: LENNY M LECLAIR

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LECLAIR, LENNY M
Address: 16 E. PRINCETON ST.
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Delete
Name: GAMPHER, CHARLENE N
Address: 4240 SUNNY BROOK WAY
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LECLAIR, LENNY M
Address: 2815 SILVER SPUR LN
City-St-Zip: ORLANDO, FL 32822

Title: MGRM (X) Change () Addition
Name: GAMPHER, CHARLENE N
Address: 2815 SILVER SPUR LN
City-St-Zip: ORLANDO, FL 32822

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: LENNY M LECLAIR

MGR

04/28/2009

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