2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087927

Name:

Address:

City-St-Zip:

36519 SUNDANCE DR

GRAND ISLAND, FL 32735 US

Entity Name: ANIMAL EVICTORS, LLC

FILED Jun 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 36519 SUNDANCE DR GRAND ISLAND, FL 32735 US **Current Mailing Address: New Mailing Address:** 36519 SUNDANCE DR GRAND ISLAND, FL 32735 US FEI Number: 26-3361492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, JUDI M 36519 SUNDANCE DR GRAND ISLAND, FL 32735 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete DAVIS, MELVIN C Name: Name: Address: 36519 SUNDANCE DR Address: City-St-Zip: GRAND ISLAND, FL 32735 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GOODKNIGHT, TRACY L Name: Address: 30218 TAVARES RIDGE BLVD Address: City-St-Zip: TAVARES, FL 32778 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PEREIRA, YVONNE G Name: Name: 30218 TAVARES RIDGE BLVD Address: Address: City-St-Zip: TAVARES, FL 32778 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DAVIS, JUDI M

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MELVIN C. DAVIS 06/23/2009