

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000087927

Entity Name: ANIMAL EVICTORS, LLC

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

36519 SUNDANCE DR  
GRAND ISLAND, FL 32735 US

**New Principal Place of Business:**

**Current Mailing Address:**

36519 SUNDANCE DR  
GRAND ISLAND, FL 32735 US

**New Mailing Address:**

FEI Number: 26-3361492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, JUDI M  
36519 SUNDANCE DR  
GRAND ISLAND, FL 32735 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: DAVIS, MELVIN C  
Address: 36519 SUNDANCE DR  
City-St-Zip: GRAND ISLAND, FL 32735 US

Title: MGRM  
Name: GOODKNIGHT, TRACY L  
Address: 30218 TAVARES RIDGE BLVD  
City-St-Zip: TAVARES, FL 32778 US

Title: MGRM  
Name: GOODKNIGHT, YVONNE G  
Address: 30218 TAVARES RIDGE BLVD  
City-St-Zip: TAVARES, FL 32778 US

Title: MGRM  
Name: DAVIS, JUDI M  
Address: 36519 SUNDANCE DR  
City-St-Zip: GRAND ISLAND, FL 32735 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: MELVIN C. DAVIS

MGR

01/10/2012

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