

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103321

Entity Name: ANIMALIA PETS, LLC

FILED
Aug 04, 2009
Secretary of State

Current Principal Place of Business:

128 SOUTH WOODLAND BLVD.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

905 CASCADE FALLS LN.
DELAND, FL 32720

New Mailing Address:

128 SOUTH WOODLAND BLVD.
DELAND, FL 32720

FEI Number: 26-3656707 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:

LOCKER, GARY A
905 CASCADE FALLS LANE
DELAND, FL 32720 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 () Delete
Name: LOCKER, GARY A
Address: 905 CASCADE FALLS LANE
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: LOCKER, MICHELE R
Address: 905 CASCADE FALLS LANE
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: LOCKER, DAVID
Address: 207 COLETON LN
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY A. LOCKER

MGRM

08/04/2009

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