

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000000064

FILED
Apr 07, 2009
Secretary of State

Entity Name: GROVE PET SERVICE, LLC

Current Principal Place of Business:

3071 CENTER ST.
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

3071 CENTER ST.
MIAMI, FL 33133 US

Current Mailing Address:

3071 CENTER ST.
COCONUT GROVE, FL 33133 US

New Mailing Address:

3071 CENTER ST.
MIAMI, FL 33133 US

FEI Number: 26-3955845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTE, KRISTOPHER R
3071 CENTER ST.
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

FONTE, KRISTOPHER R
3071 CENTER ST.
MIAMI, FL 33133 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: KRISTOPHER FONTE

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FONTE, KRISTOPHER R
Address: 3071 CENTER ST.
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: MGR () Delete
Name: GONZALEZ, ANAI
Address: 3071 CENTER ST.
City-St-Zip: COCONUT GROVE, FL 33133 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FONTE, KRISTOPHER R
Address: 3071 CENTER ST.
City-St-Zip: MIAMI, FL 33133 US

Title: MGR (X) Change () Addition
Name: GONZALEZ, ANAI
Address: 3071 CENTER ST.
City-St-Zip: MIAMI, FL 33133 US

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: KRISTOPHER FONTE

PRES

04/07/2009

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