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Office Use Only



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T. HAMPTON

JUL 5 8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LOVE Me, LOVE My Dog Ret Salon 15PA, LIC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kathy Goes Name of Person
LOVE Me Lake My Dig Pet Solon
2338 Pine Ridge Rd.
Naples Fl 34/09 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hathy Lopes at (239) 438 8457 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
•
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$25 Filing Fee & Certified Copy
INHS18 (5/08)
Firm/Company 2338 Pine Ridge Rd. Maples Ridge Rd. Address Display Ridge Rd. Address Address Address Address: (To be used for future unnual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR . BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: LOVE 17	ne, Love my Dog Ret Solon
2. (a) Principal office address of limited liability company	v. 2338 Pine lidge ld
(Note: MUST BE STREET ADDRESS)	Naples, FLORIDA 3410
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same as above
APRIL 27, 2009 3. Date of filing/registration in Florida	<u>L0900040199</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on Registered Agent: Registered Office Address:	the records of the Florida Dept. of State: NAMES Lopes 504 Maxwell (1 #202 Naplus FC 34/0.5
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	W Registered Office address: KAMbeen Lopes 2338 Pine Lidge Rd Naples FL 34109
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member HAHICH LOPES Printed or typed name of signee	lorida street address of the registered officers tical. Or, in the case of a Florida limited SES) was/were authorized by an affirmative vote of the register of organization.
I hereby accept the appointment as registered agent and a	agree to act in this capacity. I further agree to

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00