

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000048671

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** FAUX PAWS ENTERPRISES LLC

**Current Principal Place of Business:**

4 SAINT GEORGE ST  
102  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

4416 COMANCHE TRAIL BLVD  
SAINT JOHNS, FL 32259

**New Mailing Address:**

**FEI Number:** 36-4655372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALTER, TALBOTT M III  
4416 COMANCHE TRAIL BLVD  
SAINT JOHNS, FL 32259 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:** WALTER, TALBOTT M III  
**Address:** 4416 COMANCHE TRAIL  
**City-St-Zip:** SAINT JOHNS, FL 32259

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:** WALTER M TALBOTT III

OWNE

02/27/2011

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