2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2012
Secretary of State

DOCUMENT# L09000057951

Entity Name: IF IT WAGS, LLC

Current Principal Place of Business:

217 CAPRI COVE PL
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 470887
LAKE MONROE, FL 32747

New Mailing Address:

FEI Number: 30-0565449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINNINGER, ROBERT
217 CAPRI COVE PLACE
SANFORD, FL 32771 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: OWNR
Name: SINNINGER, ROBERT
Address: 217 CAPRI COVE PLACE
City-St-Zip: SANFORD, FL 32771 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 Statues.

SIGNATURE: SINNINGER MR 02/07/2012

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