

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000102499

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** FOUR LEGGED PET CARE, LLC

**Current Principal Place of Business:**

1043 NE 114 STREET  
BISCAYNE PARK, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

1043 NE 114 STREET  
BISCAYNE PARK, FL 33161

**New Mailing Address:**

FEI Number: 27-2313210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STAMM, JESSICA R  
1043 NE 114 STREET  
BISCAYNE PARK, FL 33161 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: STAMM, JESSICA R  
Address: 1043 NE 114 STREET  
City-St-Zip: BISCAYNE PARK, FL 33161

Title: MGRM  
Name: RAMON, JORGE L  
Address: 1043 NE 114 STREET  
City-St-Zip: BISCAYNE PARK, FL 33161

Title: MGRM  
Name: BARTLETT, EDWARD  
Address: 4217 ROYAL OAK DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM  
Name: GRIFFIN, RYAN  
Address: 1111 BRICKELL BAY DRIVE #201  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: PORRES, JOHANNA  
Address: 11875 SW 49 STREET  
City-St-Zip: MIAMI, FL 33175

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: JESSICA STAMM

MGR

04/27/2011

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