2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

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Entity Name: CLAWS & PAWS ANIMAL CLINIC, LLC

Current Principal Place of Business:

4631 SHERMAN HILLS PARKWAY
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4631 SHERMAN HILLS PARKWAY
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLEEPER, SHARI R
4631 SHERMAN HILLS PARKWAY
JACKSONVILLE, FL 32210 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: MGRM
Name: SLEEPER, SHARI R
Address: 4631 SHERMAN HILLS PARKWAY
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGRM
Name: SLEEPER, JAMES A
Address: 4631 SHERMAN HILLS PARKWAY
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGR
Name: COMBS, RONALD L
Address: 1469 WINFRED DR. E.
City-St-Zip: ORANGE PARK, FL 32073 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: SHARI R. SLEEPER MGRM 04/29/2011

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