

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000094244

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** HEALTHY PAWS TAMPA, LLC

**Current Principal Place of Business:**

2001 EAST 2ND AVENUE  
8  
TAMPA, FL 33605

**New Principal Place of Business:**

715 N. FRANKLIN ST  
TAMPA, FL 33602

**Current Mailing Address:**

2001 EAST 2ND AVENUE  
8  
TAMPA, FL 33605

**New Mailing Address:**

715 N. FRANKLIN ST  
TAMPA, FL 33602

**FEI Number:** 27-3417011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MYERS, CHRISTINE M  
2001 EAST 2ND AVENUE  
8  
TAMPA, FL 33605 US

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

MYERS, CHRISTINE M  
715 N. FRANKLIN ST.  
TAMPA, FL 33602 US

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: CHRISTINE M. MYERS

02/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MYERS, CHRISTINE M  
Address: 715 N. FRANKLIN ST  
City-St-Zip: TAMPA, FL 33602

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: CHRISTINE M. MYERS

MGR

02/10/2012

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