2013 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

13 MAR -7 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000111287

1. Entity Name
SEBASTIAN'S DOGGIE GROOMING SALON LLC

Principal Place of Business	Mailing Address
5812 28TH AVE S. GULFPORT,, FL 33707 US	5812 28TH AVE S. GULFPORT,, FL 33707 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10142013 Chg-LLC CR2E083 (12/11)

4. FEI Number: 27-3756357 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, PAMELA T
5812 28TH AVE. S
GULFPORT, FL 33707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $538.75
Due by September 27, 2013

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FREEMAN, PAMELA T 5812 28TH AVE. S GULFPORT, FL 33707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Pamela Freeman 11-13-13 lukie1831@yahoo.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — E-MAIL ADDRESS

Corporations Payments Tools Activity rvarnadore

Information

Annual Report Filing History

Search By Document ID

l10000111287

Search

Session

Transaction ID	Description	Filing Stage
l10000111287-56ce651d-fb9a-4949-8e71-c0a348e1152e	Session file for l10000111287 with last modified date of 3/7/2013 12:32:12 PM Eastern Standard Time	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
l10000111287-56ce651d-fb9a-4949-8e71-c0a348e1152e	L10000111287	138.75	0	3/7/2013 12:32:13 PM
L10000111287-6adbf0d9-4c69-4d17-a923-7176db2f7638	L10000111287	0	2	4/23/2011 12:00:00 AM
L10000111287-76d022cd-63ed-42a4-89b7-470817176bec	L10000111287	0	2	4/13/2012 12:00:00 AM