

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000032141

**FILED  
Apr 16, 2012  
Secretary of State**

**Entity Name:** BESTPET, LLC

**Current Principal Place of Business:**

3914 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33403 US

**New Principal Place of Business:**

**Current Mailing Address:**  
4905 MIDTOWN LANE  
2115  
PALM BEACH GARDENS, FL 33418 US

**New Mailing Address:**

5039 MAGNOLIA BAY CIRCLE  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 45-3326337      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GOES, MONICA  
4905 MIDTOWN LANE  
2115  
PALM BEACH GARDENS, FL 33418 US

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

GOES, MONICA  
5039 MAGNOLIA BAY CIRCLE  
PALM BEACH GARDENS, FL 33410 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:** MONICA GOES

04/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOES, MONICA  
Address: 5039 MAGNOLIA BAY CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGR  
Name: PERES, CARLOS  
Address: 5039 MAGNOLIA BAY CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 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 Statutes.

**SIGNATURE:** MONICA GOES

MGRM

04/16/2012

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