

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000052296

**Entity Name:** PERPETUAL PET CARE, LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1201 HOMASSASA CT.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

1201 HOMOSSASA CT.  
LONGWOOD, FL 32779

**Current Mailing Address:**

1201 HOMASSASA CT.  
LONGWOOD, FL 32779

**New Mailing Address:**

1201 HOMOSSASA CT.  
LONGWOOD, FL 32779

**FEI Number:** 45-2137069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARTON, NICKOLAS O  
106 COMMERCE STREET  
SUITE 101  
LAKE MARY, FL 32746 US

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

BARTON, NICKOLAS O  
106 COMMERCE STREET  
SUITE 107  
LAKE MARY, FL 32746 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:**

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BARTON, THERESA L  
**Address:** 1201 HOMOSSASA CT  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** MGR  
**Name:** BARTON, NICKOLAS O  
**Address:** 1201 HOMOSSASA CT  
**City-St-Zip:** LONGWOOD, FL 32779

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:** NICKOLAS BARTON

MGR

01/05/2012

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