2013 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

13 APR 16 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000160156

1. Entity Name
PALS FOR PAWS,LLC

Principal Place of Business	Mailing Address
4108 PONCE DE LEON BLVD SEBRING, FL 33872	4108 PONCE DE LEON BLVD SEBRING, FL 33872

10142013 Chg-LLC CR2E083 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4108 Ponce de leon Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring FL	City & State
Zip: 33872 Country: USA	Zip / Country

4. FEI Number — [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOUSHAY, BARBARA F MS
4108 PONCE DE LEON BLVD
SEBRING, FL 33872

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 Barbara F. Loushay
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	MGRM LOUSHAY, BARBARA F MS 4108 PONCE DE LEON BLVD SEBRING, FL 33872	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700254148827 11/22/13--01002--003 **138.75 [ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition 4/16

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: Barbara F. Loushay 11/3/2013 bloushay@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

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Session

Transaction ID	Description	Filing Stage
I12000160156-123ea6e1-ae09-4604-a381-cd52547f1c0e	Session file for I12000160156 with last modified date of 4/16/2013 2:48:28 PM Eastern Standard Time	PaymentPage
I12000160156-150cab66-cd2d-49a4-978b-319a18802f50	Session file for I12000160156 with last modified date of 4/16/2013 2:46:36 PM Eastern Standard Time	FinalReview

Transactions

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I12000160156-123ea6e1-ae09-4604-a381-cd52547f1c0e	L12000160156	138.75	0	4/16/2013 2:48:29 PM