

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000688

Entity Name: MAXX DOGG, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

8710 W. HILLSBORGH AVE. #322
TAMPA, FL 33615

New Principal Place of Business:

8710 W. HILLSBOROUGH AVE. #322
TAMPA, FL 33615

Current Mailing Address:

8710 W. HILLSBORGH AVE. #322
TAMPA, FL 33615

New Mailing Address:

8710 W. HILLSBOROUGH AVE. #322
TAMPA, FL 33615

FEI Number: 06-1805903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DE LA ROSA, RICKY E
8710 W. HILLSBORGH AVE. #322
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

DE LA ROSA, RICKY E
8710 W. HILLSBOROUGH AVE. #322
TAMPA, FL 33615 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: RICKY E. DE LA ROSA

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DE LA ROSA, RICKY E
Address: 9011 NAUTILUS DRIVE
City-St-Zip: TAMPA, FL 33635

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DE LA ROSA, RICKY E
Address: 9011 NAUTILUS DRIVE
City-St-Zip: TAMPA, FL 33635

Title: MGRM () Change (X) Addition
Name: DE LA ROSA, HEIDY C
Address: 9011 NAUTILUS DRIVE
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICKY E. DE LA ROSA

MGR

01/07/2008

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