

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003498

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** PETS BEST INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

2710 SUNRISE RIM RD  
100  
BOISE, ID 83705

**New Principal Place of Business:**

**Current Mailing Address:**

2710 SUNRISE RIM RD  
100  
BOISE, ID 83705

**New Mailing Address:**

**FEI Number:** 20-5140770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORP SERVICES INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCDONALD, GREGORY S  
Address: 2710 SUNRISE RIM RD, SUITE 100  
City-St-Zip: BOISE, ID 83705

Title: MGR  
Name: STEPHENS, JACK L  
Address: 2710 SUNRISE RIM RD, SUITE 100  
City-St-Zip: BOISE, ID 83705

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: GREGORY S MCDONALD

CEO

01/05/2011

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