

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000151309

**Entity Name:** LITTLE PAWS DOGGIE DAY CARE LLC

**Current Principal Place of Business:**

401 NW 22 AVE  
BOCA RATON, FL 33486

**Current Mailing Address:**

401 NW 22 AVE  
BOCA RATON, FL 33486 US

**FEI Number:** 47-2012591

**Certificate of Status Desired:** No

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

WEINTRAUB, PETER B  
2700 N MILITARY TRAIL  
SUITE 355  
BOCA RATON, FL 33431 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                     |                 |                      |
|-----------------|---------------------|-----------------|----------------------|
| Title           | MGR                 | Title           | MGR                  |
| Name            | CHRISTO, ANNA       | Name            | CHRISTO, STEPHANIE A |
| Address         | 401 NW 22ND AVENUE  | Address         | 401 NW 22 AVE        |
| City-State-Zip: | BOCA RATON FL 33486 | City-State-Zip: | BOCA RATON FL 33486  |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANNA CHRISTO

**MANAGER**

**04/17/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date