

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000049901

Entity Name: GLAMOUR PAWS OF FLORIDA, LLC**Current Principal Place of Business:**6810 SHOPPES AT PLANTATION DR
SUITE 10
FORT MYERS, FL 33912**Current Mailing Address:**20180 OCELOT CT.
ESTERO, FL 33928 US**FEI Number:** 46-5213833**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DLF REGISTERED AGENT SERVICE, LLC
10181 SIX MILE CYPRESS PKWY
SUITE C STE C
FORT MYERS, FL 33966 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	FINANCE MANAGER
Name	SCHMIDT, JOHN G
Address	20180 OCELOT CT
City-State-Zip:	ESTERO FL 33928

Title	PURCHASING MANAGER
Name	SCHMIDT, SONIA S
Address	20180 OCELOT CT
City-State-Zip:	ESTERO FL 33928

Title	GENERAL MANAGER
Name	POKORNY, KAYLA
Address	20313 LEOPARD LN.
City-State-Zip:	ESTERO FL 33928

Title	OPERATIONS MANAGER
Name	DIETZ, KRIS
Address	3518 SE 22ND PL
City-State-Zip:	CAPE CORAL FL 33904

Title	OPERATIONS MANAGER
Name	DIETZ, MICHE
Address	3518 SE 22ND PL
City-State-Zip:	CAPE CORAL FL 33904

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: JOHN SCHMIDT

FINANCE MANAGER

02/15/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date