

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000110088

**Entity Name:** LINDA'S 4 PAW'S "LLC"

**Current Principal Place of Business:**

800 VIRGINA AVE  
#53  
FORT PIERCE, FL 34982

**Current Mailing Address:**

2955 MIDDLE RD.  
FORT PIERCE, FL 34981 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SMARSH, LINDA L  
2955 MIDDLE RD.  
FORT PIERCE, FL 34981 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	AMBR	Title	AMBR
Name	SMARSH, MICHAEL J	Name	MC NALL, MARK P
Address	2955 MIDDLE RD.	Address	13860 ROBINSON RUN
City-State-Zip:	FORT PIERCE FL 34981	City-State-Zip:	FISHERS IN 46038

*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:** MICHAEL SMARSH

**MGR**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date