

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003498

**FILED
Jan 08, 2015
Secretary of State
CC6393964459**

Entity Name: PETS BEST INSURANCE SERVICES, LLC

Current Principal Place of Business:

2323 S. VISTA AVE
100
BOISE, ID 83705

Current Mailing Address:

2323 S. VISTA AVE
100
BOISE, ID 83705

FEI Number: 20-5140770

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 AUTHORIZED MEMBER
Name NORTHWEST SERVICES, INC
Address 2323 S. VISTA AVE, STE 100
City-State-Zip: BOISE ID 83705

Title AUTHORIZED MEMBER
Name PERROS, INC
Address 2323 S. VISTA AVE, STE 100
City-State-Zip: BOISE ID 83705

Title MANAGING MEMBER
Name MIDDLETON, CHRISTOPHER L
Address 2323 S. VISTA AVE
 100
City-State-Zip: BOISE ID 83705

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: SHARON KIMBALL

POLICY ADMINISTRATOR 01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date