

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025277

FILED
Feb 03, 2009
Secretary of State

Entity Name: BREVARD VETERINARY HOSPITAL, LLC

Current Principal Place of Business:

329 NORTH COCOA BLVD.
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

329 NORTH COCOA BLVD.
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-2050855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDEN, LYNDA TONEY
329 NORTH COCOA BLVD.
COCOA, FL 32922 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: MGRM () Delete
Name: EDEN, JOHN S
Address: 329 NORTH COCOA BLVD.
City-St-Zip: COCOA, FL 32922

Title: MGRM () Delete
Name: EDEN, LYNDA TONEY
Address: 329 NORTH COCOA BLVD.
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: EDEN, JOHN S
Address: 329 NORTH COCOA BLVD.
City-St-Zip: COCOA, FL 32922 US

Title: P (X) Change () Addition
Name: EDEN, LYNDA TONEY
Address: 329 NORTH COCOA BLVD.
City-St-Zip: COCOA, FL 32922 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LYNDA TONEY EDEN

MGR

02/03/2009

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