

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000047551

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** NOAH'S MOBILE VETERINARY CLINIC LLC

**Current Principal Place of Business:**

37416 HACKNEY PLACE  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

37416 HACKNEY PLACE  
DADE CITY, FL 33523 US

**New Mailing Address:**

FEI Number: 27-2498030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A  
TAMPA, FL 33612 US

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

BRIDENSTINE, JOHN  
37416 HACKNEY PLACE  
DADE CITY, FL 33523 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: JOHN BRIDENSTINE

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BRIDENSTINE, LEANN  
Address: 37416 HACKNEY PLACE  
City-St-Zip: DADE CITY, FL 33523 US

Title: MGRM  
Name: BRIDENSTINE, JOHN  
Address: 37416 HACKNEY PLACE  
City-St-Zip: DADE CITY, FL 33523 US

I hereby 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: JOHN BRIDENSTINE

MGRM

05/01/2012

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