## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026483

Entity Name: AMERICAN PET RESORT, LLC

**Current Principal Place of Business:** 

1551 ATLANTIC BOULEVARD SUITE 200

JACKSONVILLE, FL 32207

**Current Mailing Address:** 

1551 ATLANTIC BOULEVARD

SUITE 200

JACKSONVILLE, FL 32207

FEI Number: 83-0339925 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOEL, WILLIAM L 1551 ATLANTIC BOULEVARD SUITE 200 JACKSONVILLE, FL 32207 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:

Name

City-State-Zip:

Address

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

200

Title PRESIDENT, CEO Title SENIOR VP OF FINANCE, COO.

TREASURER

200

VР

**FILED** Mar 06, 2020

**Secretary of State** 

0067656868CC

Name ACOSTA-RUA, FERNANDO ENGLISH, KEVIN Name

Address 1551 ATLANTIC BOULEVARD, SUITE Address 1551 ATLANTIC BOULEVARD, SUITE

JACKSONVILLE FL 32207

City-State-Zip: City-State-Zip: JACKSONVILLE FL 32207

Title SENIOR VICE PRESIDENT, GENERAL

Title VP OF REAL ESTATE COUNSEL, SECRETARY JOEL, WILLIAM L Name FRANCO, BRIAN D

Address 1551 ATLANTIC BOULEVARD, SUITE Address 1551 ATLANTIC BOULEVARD, SUITE

JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title ASSISTANT TREASURER Title VP OF MARKETING AND

> COMMUNICATIONS Name UTRUP, CHAD M

Name TARR, LISA M 330 W. SPRING STREET Address

1551 ATLANTIC BOULEVARD, SUITE SUITE 200

COLUMBUS OH 43215 City-State-Zip:

City-State-Zip: JACKSONVILLE FL 32207

ASSISTANT TREASURER Title Name HACKETT, ANDREW M MATTHEWS, ASHLEY A Name

Address 330 W. SPRING STREET 330 W. SPRING STREET Address

SUITE 200 SUITE 200

City-State-Zip: COLUMBUS OH 43215 COLUMBUS OH 43215 City-State-Zip:

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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.

Title

SIGNATURE: WILLIAM L. JOEL SENIOR VICE PRESIDENT 03/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title ASSISTANT SECRETARY Title VP OF OPERATIONS

Name MURRY, CHRISTINE A Name BEAM, DINA R

330 W. SPRING STREET 1551 ATLANTIC BOULEVARD, SUITE Address Address SUITE 200 200

City-State-Zip: COLUMBUS OH 43215 City-State-Zip: JACKSONVILLE FL 32207

CHIEF VETERINARY OFFICER Title

Name PICKETT, JAIME K

Address 1551 ATLANTIC BOULEVARD, SUITE 200

City-State-Zip: JACKSONVILLE FL 32207