## 2023 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:

City-State-Zip:

Title

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

200

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

TREASURER

JACKSONVILLE FL 32207

**FILED** Mar 15, 2023

**Secretary of State** 

8757715451CC

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

JACKSONVILLE FL 32207

Title VICE PRESIDENT OF REAL ESTATE COUNSEL, SECRETARY

City-State-Zip:

Name JOEL, WILLIAM L Name FRANCO, BRIAN D

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

200

VICE PRESIDENT OF MARKETING Title ASSISTANT TREASURER Title

AND COMMUNICATIONS Name UTRUP, CHAD M Name TARR, LISA M

330 W. SPRING STREET Address Address

1551 ATLANTIC BOULEVARD, SUITE SUITE 200

COLUMBUS OH 43215 City-State-Zip:

City-State-Zip: JACKSONVILLE FL 32207

VР Title

ASSISTANT TREASURER 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:

Continues on page 2

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: WILLIAM L. JOEL SENIOR VICE PRESIDENT 03/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

## Authorized Person(s) Detail Continued:

Title ASSISTANT SECRETARY

Name MURRY, CHRISTINE A

Address 330 W. SPRING STREET

SUITE 200

City-State-Zip: COLUMBUS OH 43215

Title VICE PRESIDENT AND CHIEF VETERINARY

OFFICER

Name PICKETT, JAIME K

Address 1551 ATLANTIC BOULEVARD, SUITE 200

City-State-Zip: JACKSONVILLE FL 32207

Title VICE PRESIDENT OF VETERINARY OPERATIONS

Name CUNNINGHAM, BENJAMIN
Address 1551 ATLANTIC BOULEVARD

SUITE 200

City-State-Zip: JACKSONVILLE FL 32207

Title VICE PRESIDENT OF RESORT

TRAINING AND CUSTOMER SERVICE

Name BEAM, DINA R

Address 1551 ATLANTIC BOULEVARD, SUITE

200

City-State-Zip: JACKSONVILLE FL 32207

Title SENIOR VICE PRESIDENT AND CHIEF

PEOPLE OFFICER

Name AMLIE, CLAUDIA SAENZ

Address 1551 ATLANTIC BOULEVARD

SUITE 200

City-State-Zip: JACKSONVILLE FL 32207

Title VICE PRESIDENT OF RESORT

OPERATIONS

Name DUFFY, JASON

Address 1551 ATLANTIC BOULEVARD

SUITE 200

City-State-Zip: JACKSONVILLE FL 32207