

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020811

Entity Name: LAKE VEC, L.L.C.

Current Principal Place of Business:

195 CONCORD DR.
CASSELBERRY, FL 32707

Current Mailing Address:

195 CONCORD DR.
CASSELBERRY, FL 32707

FEI Number: 02-0681050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VETERINARY EMERGENCY CLINIC OF CENTRAL FL
INC ATTN: HOSPITAL ADMINISTRATOR
195 CONCORD DR.
CASSELBERRY, FL 32707 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	MGR	Title	MANAGER
Name	HICKS, ROBERT DR.	Name	MCABEE, SCOTT DR.
Address	195 CONCORD DR.	Address	195 CONCORD DR.
City-State-Zip:	CASSELBERRY FL 32707	City-State-Zip:	CASSELBERRY FL 32707
Title	MANAGER		
Name	HAYES, CHARLES MICHAEL DR.		
Address	195 CONCORD DR.		
City-State-Zip:	CASSELBERRY FL 32707		

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: ROBERT E. HICKS, DVM

MANAGER

02/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date