

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000047551

Entity Name: NOAH'S MOBILE VETERINARY CLINIC LLC

Current Principal Place of Business:

37416 HACKNEY PLACE
DADE CITY, FL 33523

Current Mailing Address:

37416 HACKNEY PLACE
DADE CITY, FL 33523 US

FEI Number: 27-2498030

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

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

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: JOHN BRIDENSTINE

VP

04/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date