

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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:** JOHN MARTIN BRIDENSTINE

10/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title MGRM  
Name BRIDENSTINE, JOHN  
Address 37416 HACKNEY PLACE  
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

CEO

10/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date