

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000074044

**Entity Name:** DR. MOLLER'S ANIMAL HEALTH CENTER, LLC

**Current Principal Place of Business:**

131 WEBB DRIVE  
SUITE A  
HAINES CITY, FL 33844

**Current Mailing Address:**

232 HIGHLAND MEADOWS PL  
DAVENPORT, FL 33837 US

**FEI Number:** 36-4704132

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOLLER, JENNIFER CDR  
131 WEBB DRIVE  
SUITE A  
DAVENPORT, FL 33837 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	MGR
Name	MOLLER, JENNIFER CDR.	Name	MOLLER, LUKE RICHARD
Address	131 WEBB DRIVE SUITE A	Address	131 WEBB DRIVE SUITE A
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	DAVENPORT FL 33837

*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:** JENNIFER MOLLER

**OWNER/MANAGER**

**02/03/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date