

2014 FLORIDA LIMITED LIABILITY COMPANY 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:

513 LAKE DAVENPORT CIRCLE
DAVENPORT, FL 33837 US

FEI Number: 36-4704132

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOLLER, JENNIFER CDR
513 LAKE DAVENPORT CIRCLE
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, SCOTT MMR
Address	513 LAKE DAVENPORT CIRCLE	Address	513 LAKE DAVENPORT CIRCLE
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 C. MOLLER

OWNER/VETERINARIAN

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date