

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000074044

FILED
Jan 31, 2024
Secretary of State
5264355297CC

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

Current Principal Place of Business:

41239 US HWY 27 NORTH
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
41239 US HWY 27 NORTH
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
Name MOLLER, JENNIFER CDR.
Address 41239 US HWY 27 NORTH
City-State-Zip: DAVENPORT FL 33837

Title MGR
Name MOLLER, LUKE RICHARD
Address 41239 US HWY 27 NORTH
City-State-Zip: DAVENPORT FL 33837

Title MANAGER
Name MOLLER, SCOTT MATTHEW
Address 41239 US HWY 27 NORTH
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

VETERINARIAN / OWNER 01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date