

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000138186

**Entity Name:** ST. CLOUD 192 PET DOC HOSPITAL LLC.

**Current Principal Place of Business:**

1700 13TH (HWY 192)  
ST. CLOUD, FL 34769

**Current Mailing Address:**

206 TRANQUILITY COVE  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 45-4118287

**Certificate of Status Desired:** No

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

SHLUZAS, ANDREW  
2350 RETREAT VIEW CIR.  
SANFORD,, FL 32701 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:** ANDREW SHLUZAS

04/28/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ADKINS, LARRY  
Address 206 TRANQUILITY COVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGRM  
Name ADKINS, NATALIYA  
Address 206 TRANQUILITY COVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** LARRY ADKINS

MGRM

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date