## 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 FINE

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 22 EAST MILLER STREET WINTER GARDEN, FL 34787

### **Current Mailing Address:**

22 EAST MILLER STREET WINTER GARDEN, FL 34787 US

#### FEI Number: 45-4340585

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

ASMA, NICK 884 S DILLARD ST WINTER GARDEN, FL 34787 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:	С	NICK	ASMA
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Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MGRM Name FINE, JENNIFER 22 EAST MILLER STREET Address City-State-Zip: WINTER GARDEN FL 34787

04/10/2022

Certificate of Status Desired: No

FILED Apr 10, 2022

Secretary of State

6681067511CC

04/10/2022 Date

Date

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: AFFORDABLE SPAY/NEUTER/VACCINE CLINIC, P.L.

## DOCUMENT# L1200008761

MANAGER