

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000050852

**Entity Name:** PAULA B. LEVINE, DVM, PLLC

**Current Principal Place of Business:**

2070 S. AKIN DRIVE  
ATLANTA, GA 30345

**Current Mailing Address:**

2070 S. AKIN DRIVE  
ATLANTA, GA 30345 US

**FEI Number:** 45-5211330

**Certificate of Status Desired:** No

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

LEVINE, PAULA B  
2070 S. AKIN DRIVE  
ATLANTA, FL 30345 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:** PAULA B. LEVINE

05/11/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LEVINE, PAULA B  
Address 2070 S. AKIN DRIVE  
City-State-Zip: ATLANTA GA 30345

*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:** PAULA LEVINE

MEMBER AND MANAGER 05/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date