

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000050852

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

**Current Principal Place of Business:**

2203 BARKWOOD LANE  
ARDEN, NC 28704

**Current Mailing Address:**

PO BOX 1749  
SKYLAND, NC 28776 US

**FEI Number:** 45-5211330

**Certificate of Status Desired:** Yes

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

LEVINE, PAULA B  
2203 BARKWOOD LANE  
ARDEN, FL 28704 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

04/24/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LEVINE, PAULA B  
Address PO BOX 1749  
City-State-Zip: SKYLAND NC 28776

*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 B. LEVINE

MEMBER AND MANAGER 04/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date