

2017 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: Yes

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

02/13/2017

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 B. LEVINE

MEMBER AND MANAGER 02/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date