

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000141656

Entity Name: BESTCARE MOBILE VETERINARY CLINIC LLC

Current Principal Place of Business:

1500 WESTON RD
SUITE 200
WESTON, FL 33326

Current Mailing Address:

740 STANTON DRIVE
WESTON, FL 33326

FEI Number: 46-2471289

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEON-MACIAS, JESUS ERNESTO
740 STANTON DRIVE
WESTON, FL 33326 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name LEON-MACIAS, JESUS ERNESTO
Address 740 STANTON DRIVE
City-State-Zip: WESTON FL 33326

Title MGRM
Name SOTELO, AMALIA
Address 740 STANTON DRIVE
City-State-Zip: WESTON FL 33326

Title DIRECTOR
Name LOPEZ, AMALIA DR.
Address 740 STANTON DRIVE
City-State-Zip: WESTON FL 33326

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: JESUS ERNESTO LEON-MACIAS

DIRECTOR

03/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date