2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2023
Secretary of State
6976520966CC

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:

LOPEZ, AMALIA
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: AMALIA LOPEZ 04/24/2023

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	DIRECTOR
Name	SOTELO, AMALIA	Name	LOPEZ, AMALIA DR.
Address	740 STANTON DRIVE	Address	740 STANTON DRIVE
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326
Title	MR	Title	MR
Name	LEON, DAVID	Name	LEON, DANIEL
Address	740 STANTON DR	Address	740 STANTON DR
City-State-Zip:	WESTON FL 33326	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: AMALIA LOPEZ DIRECTOR 04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date