

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000071667

**Entity Name:** ANIMALKIND, LLC

**Current Principal Place of Business:**

696 S. YONGE STREET  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

696 S. YONGE STREET  
ORMOND BEACH, FL 32174

**FEI Number:** 46-2787933

**Certificate of Status Desired:** No

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

ANIMAL EMERGENCY HOSPITAL VOLUSIA  
1100 N. PENINSULA AVE  
NEW SMYRNA BEACH, FL 32169 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:** DIANE JOHNSON

11/24/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MARCHAND, TANIA M  
Address 696 S. YONGE STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title MGRM  
Name JOHNSON, DIANE A  
Address 696 S. YONGE STREET  
City-State-Zip: ORMOND BEACH FL 32174

*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:** DIANE JOHNSON

MGR

11/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date