# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L14000015587

### Entity Name: BURCH & BURCH DVM LLC

# **Current Principal Place of Business:**

901 S. FEDERAL HIGHWAY GULFSTREAM PARK, STABLE GATE HALLANDALE, FL 33008

# **Current Mailing Address:**

P. O. BOX 218 HALLANDALE, FL 33008 US

# FEI Number: 46-4857717

### Name and Address of Current Registered Agent:

KELLEY, CHRISTOPHER P 11098 BISCAYNE BOULEVARD SUITE 205 MIAMI, FL 33161 US Jan 22, 2016 Secretary of State CC4305269428

FILED

Certificate of Status Desired: No

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

# Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	BURCH, GEORGE E DVM	Name	BURCH, GEORGE E DVM
Address	901 S FEDERAL HWY, GULFSTREAM- STABLE GATE	Address	901 S FEDERAL HWY, GULFSTREAM- STABLE GATE
City-State-Zip:	HALLANDALE FL 33008	City-State-Zip:	HALLANDALE FL 33008
Title	AMBR		
THUC	/ WBR		
Name	BURCH, ALICE P		
Address	901 S FEDERAL HWY, GULFSTREAM- STABLE GATE		

City-State-Zip: HALLANDALE FL 33008

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: ALICE BURCH	AMBR	01/22/2016
Electronic Signature of Signing Authorized Deres	an(a) Datail	<b>D</b> /

Electronic Signature of Signing Authorized Person(s) Detail

Date