

**2021 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

**Certificate of Status Desired:** No

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

KELLEY, CHRISTOPHER P  
11098 BISCAYNE BOULEVARD  
SUITE 205  
MIAMI, FL 33161 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 MGR  
Name BURCH, GEORGE E DVM  
Address 901 S FEDERAL HWY, GULFSTREAM-  
STABLE GATE  
City-State-Zip: HALLANDALE FL 33008

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

Title AMBR  
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 P BURCH

AMBR

01/14/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date