

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000165750

**Entity Name:** MIAMI ANIMAL CLINIC LLC

**Current Principal Place of Business:**

7337 SW 8TH ST  
MIAMI, FL 33144

**Current Mailing Address:**

7337 SW 8TH ST  
MIAMI, FL 33144 US

**FEI Number:** 47-2156420

**Certificate of Status Desired:** No

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

PACHECO, LEONEL  
7337 SW 8TH ST  
MIAMI, FL 33144 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:** LEONEL PACHECO

01/19/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	PACHECO, LEONEL DR.	Name	CRUELLES, MARLENY
Address	7337 SW 8TH ST	Address	7337 SW 8TH ST
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144

*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:** LEONEL PACHECO

MGR

01/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date