

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000022433

Entity Name: DR. NINA'S ANIMAL HOSPITAL PARRISH, LLC.

Current Principal Place of Business:

11255 US HWY 301 N., SUITE 103
PARRISH, FL 34219

Current Mailing Address:

2959 FRUITVILLE ROAD
SARASOTA, FL 34237 US

FEI Number: 32-0460067

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRAJEWSKI, MIKE M
2959 FRUITVILLE ROAD
SARASOTA, FL 34237 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 DR. NINA'S ANIMAL HOSPITAL, LLC
Address 2959 FRUITVILLE ROAD
City-State-Zip: SARASOTA FL 34237

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: MIKE KRAJEWSKI

MGRM

03/22/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date