

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000059701

Entity Name: AMATHEON ANIMAL HEALTH, LLC**Current Principal Place of Business:**1301 NW 84 AVENUE
SUITE 101 A/B
MIAMI, FL 33126**Current Mailing Address:**1301 NW 84 AVENUE
SUITE 101 A/B
MIAMI, FL 33126**FEI Number:** 61-1578582**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YANKANA, CHRISTOPHER
1301 NW 84 AVENUE SUITE 101A/B
MIAMI, FL 33126 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:** CHRISTOPHER YANKANA

04/30/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-------------------------|
| Title | MGR |
| Name | SCHAFER, STEVEN R. |
| Address | 1900 PURDY AVE #2207 |
| City-State-Zip: | MIAMI FL 33139 |

| | |
|-----------------|-------------------------|
| Title | MGR |
| Name | YANKANA, CHRISTOPHER F. |
| Address | 11790 SW 61 CT |
| City-State-Zip: | MIAMI FL 33156 |

| | |
|-----------------|--------------------------|
| Title | MANAGER |
| Name | NIELSEN, RICK S |
| Address | 1301 NW 84 AVENUE 101 |
| City-State-Zip: | MIAMI FL 33126 |

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: CHRISTOPHER YANKANA

MANAGER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date