,				
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	: MATTHEW LENDER			03/16/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	LENDER, MATTHEW	Name	CRAWFORD, SCOTT	
Address	356 BOSTON POST ROAD	Address	700 TAMARACK RD	
City-State-Zip:	ORANGE CT 06477	City-State-Zip:	STOWE VT 05672	

## **Current Mailing Address:**

PORT CHARLOTTE, FL 33948

17829 MURDOCK CIRCLE

BLDG 3

DOCUMENT# L16000197176

Entity Name: 17829 MURDOCK CIRCLE LLC

**Current Principal Place of Business:** 

356 BOSTON POST ROAD ORANGE, CT 06477

## FEI Number: 81-4298506

## Name and Address of Current Registered Agent:

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

EUREKA ANIMAL HOSPITAL LLC 11326 SW 184TH STREET MIAMI, FL 33157 US

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.

AMBR

SIGNATURE: MATTHEW LENDER

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

03/16/2019

Date