

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000003799

**Entity Name:** 4155 BONITA BEACH ROAD LLC

**Current Principal Place of Business:**

356 BOSTON POST ROAD  
ORANGE, CT 06477

**Current Mailing Address:**

356 BOSTON POST ROAD  
ORANGE, CT 06477

**FEI Number:** 83-2908180

**Certificate of Status Desired:** No

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

EUREKA ANIMAL HOSPITAL LLC  
11326 SW 184TH STREET  
MIAMI, FL 33157 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 AMBR  
Name LENDER, MATTHEW  
Address 356 BOSTON POST ROAD  
City-State-Zip: ORANGE CT 06477

Title AMBR  
Name CRAWFORD, SCOTT  
Address 700 TAMARACK RD  
City-State-Zip: STOWE VT 05672

*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:** MATTHEW LENDER

AMBR

01/28/2023

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

\_\_\_\_\_  
Date