

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000230178

**Entity Name:** MILES PET CLINIC LLC

**Current Principal Place of Business:**

6520 US301S STE105  
RIVERVIEW, FL 33578

**Current Mailing Address:**

6520 US301S STE105  
RIVERVIEW, FL 33578 US

**FEI Number:** 86-2192156

**Certificate of Status Desired:** No

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

UICHANCO, MARIO S  
3628 OLDE LANARK DR  
LAND O LAKES, FL 34638 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            UICHANCO, MARIO S  
Address        3628 OLDE LANARK DR  
City-State-Zip: LAND O LAKES FL 34638

*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:** MARIO UICHANCO

AMBR

03/20/2023

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

\_\_\_\_\_  
Date