

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000371592

Entity Name: 954 PET HOSPITAL, LLC

Current Principal Place of Business:

4200 S. UNIVERSITY DRIVE
DAVIE, FL 33328

Current Mailing Address:

4200 S. UNIVERSITY DRIVE
DAVIE, FL 33328 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELLS & WELLS, P.A.
901 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134 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	Title	MGR
Name	NECUZE, GERARDO	Name	NECUZE, MARCIA
Address	4200 S. UNIVERSITY DRIVE	Address	4200 S. UNIVERSITY DRIVE
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328

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: GERARDO NECUZE

MGR

04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date