

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000179030

**Entity Name:** BAY ANIMAL AND AQUATIC HOSPITAL L.L.C.

**Current Principal Place of Business:**

9467 89TH TERRACE  
SEMINOLE, FL 33777

**Current Mailing Address:**

9467 89TH TERRACE  
SEMINOLE, FL 33777 US

**FEI Number: 88-1512464**

**Certificate of Status Desired: Yes**

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

LORE, DANIELLE  
9467 89TH TERRACE  
SEMINOLE, FL 33777 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 AP  
Name LORE, DANIELLE  
Address 9467 89TH TERRACE  
City-State-Zip: SEMINOLE FL 33777

*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: DANIELLE LORE**

**DVM**

**02/21/2023**

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

\_\_\_\_\_  
Date