

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000251924

**Entity Name:** ALL PET SPECIAL CARE, LLC

**Current Principal Place of Business:**

1961 SE AVON PARK DRIVE  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

1961 SE AVON PARK DRIVE  
PORT ST. LUCIE, FL 34952

**FEI Number:** 93-1526887

**Certificate of Status Desired:** Yes

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

MICHAEL EDWARDS, P.A.  
1860 SW FOUNTAINVIEW BOULEVARD  
SUITE 100  
PORT ST. LUCIE, FL 34986 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	NEWTON, BEVERLY	Name	NEWTON, WALLACE
Address	1961 SE AVON PARK DRIVE	Address	1961 SE AVON PARK DRIVE
City-State-Zip:	PORT ST. LUCIE FL 34952	City-State-Zip:	PORT ST. LUCIE FL 34952

*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:** BEVERLY NEWTON

**MANAGER/MEMBER**

**02/21/2024**

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

\_\_\_\_\_  
Date