

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000011536

**Entity Name:** ESSENTIALS PETCARE FLORIDA, LLC

**Current Principal Place of Business:**

50 8TH AVENUE SOUTHWEST  
#1794  
LARGO, FL 33779

**Current Mailing Address:**

50 8TH AVENUE SOUTHWEST  
#1794  
LARGO, FL 33779 US

**FEI Number:** 85-4259063

**Certificate of Status Desired:** No

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

SPIKER, DOUGLAS  
50 8TH AVENUE SOUTHWEST  
#1794  
LARGO, FL 33779 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:** DOUGLAS SPIKER

01/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SPIKER, DOUGLAS  
Address 50 8TH AVENUE SOUTHWEST  
#1794  
City-State-Zip: LARGO FL 33779

Title MANAGER  
Name SPIKER, DOUGLAS W  
Address 50 8TH AVENUE SOUTHWEST  
#1794  
City-State-Zip: LARGO FL 33779

Title MGRM  
Name BATTISTA, CHRISTINE  
Address 50 8TH AVENUE SOUTHWEST  
#1794  
City-State-Zip: LARGO FL 33779

Title MGRM  
Name NEWMAN, BRUCE  
Address 50 8TH AVENUE SOUTHWEST  
#1794  
City-State-Zip: LARGO FL 33779

*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:** BRUCE NEWMAN

MEMBER/MANAGER

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date