

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000004077

1. Entity Name

KINGSLEY ANIMAL HOSPITAL, L.L.C.



FILED
Jan 31, 2007 08:00 AM
Secretary of State

Principal Place of Business

1070 KINGSLEY AVE.
ORANGE PARK FL 32073

Mailing Address

1070 KINGSLEY AVE.
ORANGE PARK FL 32073



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

59-3637679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, BOWLUS, DUSS, MORGAN, KENNY P.A.
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FREDENHAGEN, THOMAS A VMD
1070 KINGSLEY AVE.
ORANGE PARK FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U000000612932
02/05/07-80008-017 50.00

TITLE
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CITY - ST - ZIP
MGRM
FREDENHAGEN, KAREN
1071 KINGSLEY AVE.
ORANGE PARK FL 32073 ☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Thomas A. Fredenhagen

THOMAS A. FREDENHAGEN

26 Jan 07

904-

264-2419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #