

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002481

FILED
Jan 31, 2008
Secretary of State

Entity Name: DISCOUNT SPAY NEUTER VACCINATION CLINIC, LLC

Current Principal Place of Business:

6902 STIRLING ROAD
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

6521 E. TROPICAL
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-1074033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOREM, SHERRY
6521 E. TROPICAL WAY
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ABECASSIS, NANCY
Address: 1504 N.W. 182 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: NOREM, SHERRY
Address: 6521 E. TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ABECASSIS, NANCY
Address: 14691 SW 20 STREET
City-St-Zip: DAVIE, FL 33325

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHERRY NOREM

MGRM

01/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date