# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000014462

1. Entity Name
**WILLOWDALE VETERINARY CENTER, LLC**

| Principal Place of Business | Mailing Address |
|---|---|
| 4485 HIGHWAY 17<br>ORANGE PARK, FL 32003 | 4485 HIGHWAY 17<br>ORANGE PARK, FL 32003 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

04112006    Chg-LLC    CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 59-3740054 | 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 |
|---|---|
| OTTE, JEAN E DVM<br>4485 HIGHWAY 17<br>ORANGE PARK, FL 32003 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

**Filing Fee is $50.00**
**Due by May 1, 2006**

**Make check payable to**
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE **P**<br>NAME **OTTE, JEAN E**<br>STREET ADDRESS **4485 HWY 17**<br>CITY-ST-ZIP **ORANGE PARK, FL 32003** | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: x _Jean E Otte_     x 4-13-06     904-276-9865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #