2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 09, 2006 8:00 am Secretary of State

DOCUMENT # L02000015104 1. Entity Name ANIMAL ER OF UNIVERSITY PARK, L.L.C.						03-09-2006 9	00001 035 ****50	.00
Principal Place of Business 8239 COOPER CREEK BLVD BRADENTON, FL 34201 8237 Mailing Address 9239 COOPER CREEK BLVD BRADENTON, FL 34201 8237					I MADERION DE			11
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numbe		 	oplied For ot Applicable	
Zip	Country Zip C		Counti	ry	5. Certificate of Status Desired		ditional	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R		
				Name				
NAGLE, TERESA A 132 RUTGERS ROAD VENICE, FL 34293			 	Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent as	ugle		ed office or regist		th, in the State of Flo	orida. Tam familiar with, 3/4/04 DATE	and accept
		21. June 1						
Fi Di	ling Fee is \$50.00 ue by May 1, 2006		_ls [†]	1			e check payable to a Department of Stat	e
Fi Di	ling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI	RS/MANAGERS		2			Department of Stat	e
9. THE NAME STREET ADDRESS	MANAGING MEMBER MGRM NAGLE, TERESA A 132 RUTGERS ROAD	RS/MANAGERS	10. TITLE NAME STREE	ET ADORESS		Florida	Department of Stat	Addition
9. TITLE NAME	MANAGING MEMBER MGRM NAGLE, TERESA A		10. TITLE NAME STREE			Florida	Department of State	
9. THE NAME STREET ADDRESS	MANAGING MEMBER MGRM NAGLE, TERESA A 132 RUTGERS ROAD		10 TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS -ST-ZIP		Florida	Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM NAGLE, TERESA A 132 RUTGERS ROAD VENICE, FL 34293 MGRM MUELLER, MELISSA W 7717 SADDLE CREEK TRAIL	☐ Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		Florida	CHANGES 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: WALL WAS INCOME. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/6/06

Daytime Phone #