

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000008393

1. Entity Name
AMERICAN ANIMAL EMERGENCY OF DEERFIELD, L.L.C.



FILED

2004 DEC 27 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3425 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406-5814

Mailing Address
3425 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406-5814

2. Principal Place of Business
103 North Powerline Rd
Suite, Apt. #, etc.

3. Mailing Address
31980 VAN DYKE
Suite, Apt. #, etc.

10262004 REIN-LLC CR2E101 (6/04)

City & State
Deerfield Beach, FL
Zip
33442
Country
USA

City & State
WARREN, MI
Zip
48093
Country
USA

4. FEI Number
56-2329497
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGM
Richard Lanier
31980 VAN DYKE
WARREN, MI 48093

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10. ADDITIONS/CHANGES

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #