

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000008394

1. Entity Name
AMERICAN ANIMAL EMERGENCY OF WEST PALM
BEACH, L.L.C.



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

3. Mailing Address

31980 VAN DYKE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WARREN, MI

Zip

Country

48093

USA

10262004 REIN-LLC CR2E101 (6/04)

4. FEI Number
56-2329495

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

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

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 must be printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-9-04

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

10. ADDITIONS/CHANGES

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

11-8-04 586-264-4443

Date

Daytime Phone #