

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000010913

Entity Name: PETVET, L.L.C.

**FILED**  
**Apr 13, 2004**  
**Secretary of State**

## **Current Principal Place of Business:**

2671 SOUTH COURSE DRIVE, SUITE #405  
POMPANO BEACH, FL 33069

## **Current Mailing Address:**

2671 SOUTH COURSE DRIVE, SUITE #405  
POMPANO BEACH, FL 33069

## **New Principal Place of Business:**

2671 SOUTH COURSE DRIVE, SUITE #405  
405  
POMPANO BEACH, FL 33069

## **New Mailing Address:**

2671 SOUTH COURSE DRIVE, SUITE #405  
405  
POMPANO BEACH, FL 33069

FEI Number: 55-0824428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LARRY J. BEHAR, P.A.  
888 SOUTHEAST THIRD AVENUE, SUITE #400  
FORT LAUDERDALE, FL 33316 US

## **Name and Address of New Registered Agent:**

SILK, ROBERT A DR.  
2671 SOUTH COURSE DR.  
405  
FORT LAUDERDALE, FL 33069 US

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: ROBERT A. SILK

04/13/2004

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: SILK, ROBERT E MGR  
Address: 4 DORSET DR.  
City-St-Zip: VOORHES, NJ 08043 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT E.E. SILK

MGR

04/13/2004

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