

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027965

FILED
Jun 01, 2005
Secretary of State

Entity Name: ANIMAL EMERGENCY HOSPITAL OF ST JOHNS COUNTY, LLC

Current Principal Place of Business:

6126 US 1 N
ST AUGUSTINE, FL 32095

New Principal Place of Business:

2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086

Current Mailing Address:

100 SURFSIDE AVE
ST AUGUSTINE, FL 32084

New Mailing Address:

2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086

FEI Number: 20-0316114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, LAURA L
100 SURFSIDE AVE
ST AUGUSTINE, FL 32084 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WILLIAMS, LAURA L
Address: 100 SURFSIDE AVE
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAURA WILLIAMS

MGR

06/01/2005

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