2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# L03000027965

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

Current Principal Place of Business:

2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-0316114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, LAURA L
2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM ( ) Delete
Name: WILLIAMS, LAURA L
Address: 2505 OLD MOULTRIE RD
City-St-Zip: ST AUGUSTINE, FL 32086

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILLIAMS, LAURA L
Address: 2505 OLD MOULTRIE RD
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: MGR ( ) Change (X) Addition
Name: JOHNSON, DIANE
Address: 310 RAINTREE TRAIL
City-St-Zip: ST AUGUSTINE, FL 32086 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 L WILLIAMS MGMR 01/06/2007

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