

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043001

FILED
Jun 06, 2006
Secretary of State

Entity Name: ANIMAL HOSPITAL OF LABELLE, P.L.

Current Principal Place of Business:

5580 WEST STATE ROAD 80
ALVA, FL 33920 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 639
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 36-4543007 **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:

SHIPLEY-MOCKUS, DONNA
5580 WEST STATE ROAD 80
ALVA, FL 33920 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: SHIPLEY-MOCKUS, DONNA
Address: 5580 WEST STATE ROAD 80
City-St-Zip: ALVA, FL 33920 US

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 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: DONNA SHIPLEY-MOCKUS

MGRM

06/06/2006

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