

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90032 025 \*\*\*138.75

00037371



<b>DOCUMENT # L03000043001</b> 1. Entity Name ANIMAL HOSPITAL OF LABELLE, P.L.					
Principal Place of Business 5580 WEST STATE ROAD 80 LABELLE, FL 33935 US			Mailing Address P.O. BOX 639 LABELLE, FL 33975 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5580 W SR 80			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Labelle FL		4. FEI Number 36-4543007	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33935		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SHIPLEY-MOCKUS, DONNA 5580 WEST STATE ROAD 80 LABELLE, FL 33935			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIPLEY-MOCKUS, DONNA 5580 WEST STATE ROAD 80 LABELLE, FL 33935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Donna Shipley-Mockus</i>			<i>4/28/08</i> <i>863-675-6900</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					