


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-16-2006 90032 034 ****50.00

DOCUMENT # L04000040182 1. Entity Name PINECREST PET HOSPITAL LLC						
Principal Place of Business 12521 S. DIXIE HIGHWAY MIAMI FL 33156			Mailing Address 12521 S. DIXIE HIGHWAY MIAMI FL 33156			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
ARNKOFF, LAWRENCE 9200 S. DADELAND BLVD., #614 MIAMI FL 33156				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006						
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORNANE, PATRICK			NAME		
STREET ADDRESS	8295 SW 188TH ST			STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33157			CITY- ST- ZIP		
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORNANE, LYNN			NAME		
STREET ADDRESS	8295 SW 188TH ST			STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33157			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.						
SIGNATURE: <u>Larrie Lynn Mornane</u> <u>Larrie Lynn Mornane</u> <u>3-25-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						