

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000053979

**FILED  
Oct 06, 2009  
Secretary of State**

**Entity Name:** THOMPSON ANIMAL HOSPITAL, PL

**Current Principal Place of Business:**

6615 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

6615 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33813 US

**New Mailing Address:**

FEI Number: 20-1388619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

THOMPSON, CHRISTOPHER H  
2200 EF GRIFFIN ROAD  
BARTOW, FL 33830 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: CHRISTOPHER H THOMPSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THOMPSON, CHRISTOPHER H  
Address: 2200 EF GRIFFIN ROAD  
City-St-Zip: BARTOW, FL 33830 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 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: CHRISTOPHER H THOMPSON

MGRM

10/06/2009

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