

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000092164

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** SEMINOLE ANIMAL HOSPITAL, LLC

**Current Principal Place of Business:**

2515 W. 25TH ST.  
SANFORD, FL 32771

**New Principal Place of Business:**

2515 HE THOMAS PKWY  
SANFORD, FL 32771

**Current Mailing Address:**

2515 W. 25TH ST.  
SANFORD, FL 32771

**New Mailing Address:**

2515 HE THOMAS PKWY  
SANFORD, FL 32771

**FEI Number:** 42-1649844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BORGMAN, WESLEY F  
2515 W. 25TH STREET  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

BORGMAN, WESLEY F  
2515 HE THOMAS PKWY  
SANFORD, FL 32771 US

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: WESLEY BORGMAN

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BORGMAN, WESLEY F  
Address: 2515 HE THOMAS PKWY  
City-St-Zip: SANFORD, FL 32771

Title: MGR  
Name: BORGMAN, JENNIFER B  
Address: 2515 HE THOMAS PKWY  
City-St-Zip: SANFORD, FL 32771

I hereby 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: WESLEY BORGMAN

MGR

04/10/2012

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