

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000043257

**FILED**  
**May 01, 2009**  
**Secretary of State**

**Entity Name:** FLORIDAWILD VETERINARY HOSPITAL, LLC

**Current Principal Place of Business:**

115 E. EUCLID AVE  
DELAND, FL 32724 US

**New Principal Place of Business:**

**Current Mailing Address:**

115 E. EUCLID AVE  
DELAND, FL 32724 US

**New Mailing Address:**

**FEI Number:** 20-2945786 **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:**

HOLDER, ERIN  
115 E EUCLID AVE  
DELAND, FL 32724 US

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

HOLDER, ERIN H  
115 E EUCLID AVE  
DELAND, FL 32724 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:** LINDA M HEMBY, HOSPITAL MANAGER

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** HOLDER, ERIN L  
**Address:** 115 E. EUCLID AVE  
**City-St-Zip:** DELAND, FL 32724 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** HOLDER, ERIN H  
**Address:** 115 E. EUCLID AVE  
**City-St-Zip:** DELAND, FL 32724 US

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:** LINDA M HEMBY

MGR

05/01/2009

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