

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000043257

FILED
Jan 04, 2013
Secretary of State

Entity Name: FLORIDAWILD VETERINARY HOSPITAL, LLC

Current Principal Place of Business:

717 N AMELIA AVENUE
DELAND, FL 32724 US

New Principal Place of Business:

809 N BOSTON AVENUE
DELAND, FL 32724 US

Current Mailing Address:

717 N AMELIA AVENUE
DELAND, FL 32724 US

New Mailing Address:

115 E EUCLID AVENUE
DELAND, FL 32724 US

FEI Number: 20-2945786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLDER, ERIN H
717 N AMELIA AVENUE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

HOLDER, ERIN H
809 N BOSTON AVENUE
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: ERIN H HOLDER

01/04/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: HOLDER, ERIN H
Address: 809 N BOSTON AVENUE
City-St-Zip: DELAND, FL 32724 US

Title: VP
Name: HOLDER, MICHAEL J
Address: 809 N BOSTON AVENUE
City-St-Zip: DELAND, FL 32724 US

Title: S/T
Name: HALL, RONALD L
Address: 717 N AMELIA AVENUE
City-St-Zip: DELAND, FL 32724 US

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: ERIN H HOLDER

PRES

01/04/2013

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