

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050545

Entity Name: PET DOC VACCINE LLC

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

3505 FORSYTH RD  
WINTER PARK, FL 32792 US

## New Principal Place of Business:

206 TRANQUILITY COVE  
ALTAMONTE SPRINGS, FL 32701 US

## Current Mailing Address:

3505 FORSYTH RD  
WINTER PARK, FL 32792 US

## New Mailing Address:

206 TRANQUILITY COVE  
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 33-1117973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADKINS, LARRY G  
3505 FORSYTH RD  
WINTER PARK, FL 32792 US

## Name and Address of New Registered Agent:

ADKINS, LARRY G  
206 TRANQUILITY COVE  
ALTAMONTE SPRINGS, FL 32701 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:

04/29/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ADKINS, LARRY G  
Address: 206 TRANQUILITY COVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 FL

Title: MGR ( ) Delete  
Name: ADKINS, BRIAN J  
Address: 2025 ARBOR VIEW DRIVE  
City-St-Zip: CARY, NC 27519

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LARRY ADKINS

MGRM

04/29/2008

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