

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050545

Entity Name: PET DOC VACCINE LLC

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

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
206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 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:

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: MGR (X) Change () Addition
Name: ADKINS, BRIAN J
Address: 109 ROCKLAND CIRCLE
City-St-Zip: CARY, NC 27519

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 G. ADKINS

MGRM

04/26/2009

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