

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000068767

1. Entity Name
CLINICAL PET OF ZEPHYRHILLS, L.L.C.



FILED

08 NOV 12 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
38040 DAUGHERTY ROAD
ZEPHYRHILLS, FL 33542

Mailing Address
38040 DAUGHERTY ROAD
ZEPHYRHILLS, FL 33542

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3233 SW 33 Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ocala FL

Zip

Country

Zip

34474

Country

Michigan

10312008 REIN-LLC

CR2E101 (1/07)

4. FEI Number
20-3106588

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRUEGER, SCOTT DAVID
2750 43RD STREET, SUITE 201
GAINESVILLE, FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ARORA, GANESH
PO BOX 770369
OCALA, FL 344770369 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
100137679251
11/05/08--01043--003 **138.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☒ Addition
Without Penalty 2008

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
11/12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Shwami Arora

11/13/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #