

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110740

Entity Name: ENRIQUE DUPREY, LLC

FILED
May 12, 2008
Secretary of State

Current Principal Place of Business:

ALAFAYA TRAIL ANIMAL HOSPITAL
2985 ALAFAYA TR
OVIDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

ALAFAYA TRAIL ANIMAL HOSPITAL
2985 ALAFAYA TR
OVIDO, FL 32765

New Mailing Address:

FEI Number: 20-3868303 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:

DIAZ, ARISTIDES J
425 WEST COLONIAL DRIVE, SUITE 101
ORLANDO, FL 32804 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: P () Delete
Name: DUPREY, ENRIQUE
Address: 2985 ALAFAYA TR
City-St-Zip: OVIDO, FL 32765

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: DUPREY, ENRIQUE G DVM
Address: 2985 ALAFAYA TR
City-St-Zip: OVIDO, FL 32765

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: ENRIQUE DUPREY DVM

P

05/12/2008

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