


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000003921 1. Entity Name BAY AREA VETERINARY RELIEF, L.L.C.	
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FILED
Jul 23, 2008 08:00 AM
Secretary of State

Principal Place of Business 10575 125TH STREET N. SEMINOLE, FL 33778	Mailing Address 10575 125TH STREET N. SEMINOLE, FL 33778
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07172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4703015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MOENTMAN, DEBBIE L 10575 125TH STREET N. SEMINOLE, FL 33778	DO NOT WRITE IN THIS SPACE
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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 <i>Debbie L. Moentman mm</i> <i>Debbie L. Moentman</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	7-21-08 DATE

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	U000000956116 07/23/08-80004-003 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOENTMAN, DEAN L 10575 125TH STREET N. SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOENTMAN, DEBBIE L 10575 125TH ST NORTH SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.
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SIGNATURE: <i>Debbie L. Moentman mm</i> <i>Debbie L. Moentman</i> 7-21-08 727-393-0427 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date	Daytime Phone #
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