

LO60000435FF

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

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2016 JUN 20 PM 4:50
TALLAHASSEE, FLORIDA

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2016 JUN 21 P 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
JUN 23 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

The Animal Port Orange, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roger Collier - Hospital Administrator
Name of Person

Dr. Woodward Veterinary Clinic
Firm/Company

4540 Clyde Morris Blvd.
Address

Port Orange, FL 32129
City/State and Zip Code

roger.collier@drwoodvet.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roger Collier at 386 788-1550
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGR	Mark C. Anderson	4540 Clyde Morris Blvd Port Orange, FL 32129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGR	Alicia Emerson	4540 Clyde Morris Blvd. Port Orange, FL 32129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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AMBR	Prager Collier	4540 Clyde Morris Blvd. Port Orange, FL 32129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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TAMMESAEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

6/13/14

Signature of a member or authorized representative of a member

Ramon Collin
Typed or printed name of signee

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2016
CLERK OF STATE
TALLAHASSEE, FLORIDA