

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

05-02-2007 90365 001 ***150.00

30012083





DOCUMENT # L06000047532 1. Entity Name DR. NINA'S ANIMAL HOSPITAL, LLC.			
Principal Place of Business 220 E. CENTRAL PKWY SUITE 1020 ALTAMONTE SPRINGS, FL 32701 US		Mailing Address 220 E. CENTRAL PKWY SUITE 1020 ALTAMONTE SPRINGS, FL 32701 US	
2. Principal Place of Business - No P.O. Box # 1483 ARBITUS CIR		3. Mailing Address 1483 ARBITUS CIR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32765		Zip 32765	
Country US		Country US	
4. FEI Number 20-4856119		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NANTON, NICHOLAS D 220 E. CENTRAL PKWY SUITE 1020 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name MIKE KRAJEWSKI Street Address (P.O. Box Number is Not Acceptable) 1483 ARBITUS CIR City ORLANDO FL Zip Code 32765	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 7/30/07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAJEWSKI, JANINA L 220 E. CENTRAL PKWY, SUITE 1020 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAJEWSKI, JANINA 1483 ARBITUS CIR ORLANDO FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		Date 7/30/07 Daytime Phone # 321-292-2751	

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

REJECTED
05-02-2007 90365 001 ***150.00
L06000047532

ATTACHMENT

30012083

DOCUMENT # L06000047532					
1. Entity Name DR. NINA'S ANIMAL HOSPITAL, LLC.					
Principal Place of Business 220 E. CENTRAL PKWY SUITE 1020 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 220 E. CENTRAL PKWY SUITE 1020 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02272007 Chg-LLC CR2E083 (12/08)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NANTON, NICHOLAS D 220 E. CENTRAL PKWY SUITE 1020 ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name: MIKE KRAJEWSKI Street Address (P.O. Box Number is Not Acceptable) 220 E CENTRAL PKWY #1020 ALTAMONTE SPRINGS, FL 32701 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAJEWSKI, JANINA L 220 E. CENTRAL PKWY; SUITE 1020 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 606, Florida Statutes.					
SIGNATURE: 			4/20/07 312-282-2751		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		