

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007 8:00 am
Secretary of State

01-09-2007 90036 028 ****50.00

DOCUMENT # L06000070024

1. Entity Name
BEST FRIENDS PET DOCTOR LLC



Principal Place of Business
**16019 HWY. 331 SOUTH
FREEPORT, FL 32439 US**

Mailing Address
**16019 HWY. 331 SOUTH
FREEPORT, FL 32439 US**

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

16019 Hwy 331 S.

Suite, Apt. #, etc.

#7

3. Mailing Address

- Same -

Suite, Apt. #, etc.



01042007 Chg-LLC CR2E083 (12/06)

City & State
Freeport, FL

City & State

4. FEI Number
19-4058445

Applied For
Not Applicable

Zip
32439

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KEMPA, WENDY
660 MAGNOLIA LAKE DRIVE
DEFUNIAK SPRINGS, FL 32433**

7. Name and Address of New Registered Agent

Name
Wendy R. Kempa, DVM

Street Address (P.O. Box Number is Not Acceptable)
660 Magnolia Lake Dr.

City
Defuniak Springs, FL Zip Code
32433

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 **Wendy R. Kempa, DVM** DATE **1/4/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KEMPA, WENDY
660 MAGNOLIA LAKE DRIVE
DEFUNIAK SPRINGS, FL 32433** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KEMPA, CLAUDIO
660 MAGNOLIA LAKE DRIVE
DEFUNIAK SPRINGS, FL 32433** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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CITY-ST-ZIP
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☐ 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: **Wendy R. Kempa, DVM** DATE **1/4/07** DAYTIME PHONE # **850-835-4206**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE