

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000078573

1. Entity Name
VETERINARY SURGERY CONSULTING, LLC



Principal Place of Business
**1743 MAPLELEAF BLVD
OLDSMAR, FL 34677 US**

Mailing Address
**1743 MAPLELEAF BLVD
OLDSMAR, FL 34677 US**



03172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5427866

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COX, KIMBERLY R
1743 MAPLELEAF BLVD
OLDSMAR, FL 34677**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
COX, KIMBERLY R
1743 MAPLELEAF BLVD
OLDSMAR, FL 34677**

TITLE
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CITY- ST- ZIP

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U000000895940
04/24/08-80088-007 138.75

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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.

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

X 4/9/08

Date

X 813-85A-3197

Daytime Phone #