


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**


05-12-2008 90119 022 \*\*\*138.75

<b>DOCUMENT # L07000014223</b>	
1. Entity Name <b>NATHAN A. GIMBAL, DVM, LLC</b>	

Principal Place of Business <b>1833 SE PORT SAINT LUCIE BLVD. PORT ST. LUCIE, FL 34952</b>	Mailing Address <b>1833 SE PORT SAINT LUCIE BLVD. PORT ST. LUCIE, FL 34952</b>
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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

**60040629**



02192008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-8403339**

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

6. Name and Address of Current Registered Agent <b>GIMBAL, NATHAN A DVM 731 SW ST. CROIX CV PORT ST. LUCIE, FL 34986</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GIMBAL, NATHAN A DVM 1833 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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:** *Nathan A. Gimbal, DVM* **4/3/08** **772-807-2721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #