2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000057326



FILED

Secretary of State

Mar 03, 2008 8:00 am

03-03-2008 90400 005 ***138 75 EAST BAY ANIMAL HOSPITAL, PLLC Principal Place of Business Mailing Address 3445 A FAST BAY DRIVE 3445 A EAST BAY DRIVE LARGO, FL 33771 LARGO, FL 33771 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 20-8997932 Not Applicable \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, ROBINTOR Street Address (P.O. Box Number is Not Acceptable) 113 LAKE AVE SE LARGO, FL 33771 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Addition ☐ Change TILE MGR Delete TITLE MOORE, ROBIN DR NAME NAME 113 LAKE AVE SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defeta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CtTY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIBE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition MILE ☐ Delete

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

2-9-08

^{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.