FILED
Jun 25, 2008 8:00 am
Secretary of State
05-05-2008 90031 020 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000098249

1. Entity Name
MY NAPLES VET, LLC

30009925

04252008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
1828 SANTA BARBARA BLVD. NAPLES, FL 34116-5444	1828 SANTA BARBARA BLVD. NAPLES, FL 34116-5444

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 ~~~~ 20-5361993 ~~~~ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

YEAGER CHEFFY, JANE
2375 TAMIAMI TRAIL NORTH, SUITE 310
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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: ______ 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHETKOWSKI, JANE D 1828 SANTA BARBARA BLVD. NAPLES, FL 341165444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] 4/29/08 231-353-5060

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

ATTACHMENT
300099823

Fosth Accounting, P.A.

Catherine M Fosth CPA ♦♦♦ Kimberly K Walsh CPA

1250 Tamiami Trail N, Suite 201, Naples, FL 34102
Phone 239-435-7336 ♦ Fax 239-435-7339
fosthaccounting@gmail.com

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee FL 32314

Re: L07000098249

June 23, 2008

To Whom It May Concern:

My client received the enclosed letter along with the returned annual report. I have corrected the ID number problem and I am sending the form back to you along with your original letter. Thank you for correcting this report.

Sincerely,

Kimberly K Walsh

Kimberly K Walsh CPA