2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# L07000113142

Entity Name: LECANTO VETERINARY HOSPITAL LLC

Current Principal Place of Business:

1250 S LECANTO HWY
LECANTO, FL 34461

New Principal Place of Business:

4364 W PRAIRIE LANE
LECANTO, FL 34465

Current Mailing Address:

1250 S LECANTO HWY
LECANTO, FL 34461

New Mailing Address:

PO BOX 1385
LECANTO, FL 34460

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, WADE M
4364 W PRAIRIE LANE
BEVERLY HILLS, FL 34465 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PHILLIPS, WADE M
Address: 4364 W PRAIRIE LANE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: MGRM ( ) Delete
Name: PHILLIPS, BECKY A
Address: 4364 W PRAIRIE LANE
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PHILLIPS, WADE M
Address: 4364 W PRAIRIE LANE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WADE M PHILLIPS MGRM 02/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date