

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000011743

**FILED**  
**Dec 02, 2013**  
**Secretary of State**

**Entity Name:** PINE FOREST ANIMAL CLINIC, LLC

**Current Principal Place of Business:**

6860 PINE FOREST RD  
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

6860 PINE FOREST RD  
PENSACOLA, FL 32526

**New Mailing Address:**

**FEI Number:** 26-3465902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERRETT, DAVID A  
307 RENTZ AVE  
PENSACOLA, FL 32507 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: DAVID A. PERRETT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MRS.  
**Name:** SWEIGART, PAULA MICHELE MANAGER  
**Address:** 7115 ANNANDALE DRIVE  
**City-St-Zip:** PENSACOLA, FL 32526 US

I hereby 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: DAVID A. PERRETT

MEM

12/02/2013

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