

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021474

FILED
Apr 14, 2009
Secretary of State

Entity Name: DR. CHERYL'S HOME PET CARE, P.L.

Current Principal Place of Business:

1619 MANOR WAY
DE LAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

1619 MANOR WAY
DE LAND, FL 32720 US

New Mailing Address:

PO BOX 244
DE LAND, FL 327210244 US

FEI Number: 26-2081289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENLIN, CHERYL DVM
1619 MANOR WAY
DE LAND, FL 32720 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: MGRM () Delete
Name: KENLIN, CHERYL DVM
Address: 1619 MANOR WAY
City-St-Zip: DE LAND, FL 32724

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KENLIN, CHERYL DVM
Address: 1619 MANOR WAY
City-St-Zip: DE LAND, FL 32724 US

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: CHERYL A KENLIN, DVM

MGRM

04/14/2009

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