

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000025277

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** BREVARD VETERINARY HOSPITAL, LLC

**Current Principal Place of Business:**

329 NORTH COCOA BLVD.  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

329 NORTH COCOA BLVD.  
COCOA, FL 32922

**New Mailing Address:**

**FEI Number:** 59-2050855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EDEN, LYNDA TONEY  
329 NORTH COCOA BLVD.  
COCOA, FL 32922 US

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

EDEN, LYNDA T PRES.  
329 NORTH COCOA BLVD.  
COCOA, FL 32922 US

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: LYNDA TONEY EDEN

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: VP  
Name: EDEN, JOHN S  
Address: 329 NORTH COCOA BLVD.  
City-St-Zip: COCOA, FL 32922 US

Title: P  
Name: EDEN, LYNDA TONEY  
Address: 329 NORTH COCOA BLVD.  
City-St-Zip: COCOA, FL 32922 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: LYNDA TONEY EDEN

PRES

01/05/2010

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