

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035876

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** CLERMONT ANIMAL HOSPITAL SOUTH FOUR CORNERS, LLC

**Current Principal Place of Business:**

118 POLO PARK BOULEVARD EAST  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

118 POLO PARK BOULEVARD EAST  
DAVENPORT, FL 33897

**New Mailing Address:**

**FEI Number:** 26-2374904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROBINSON, KATHIE L  
118 POLO PARK BOULEVARD EAST  
DAVENPORT, FL 33897 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:** ROBINSON, KATHIE L  
**Address:** 118 POLO PARK BOULEVARD EAST  
**City-St-Zip:** DAVENPORT, FL 33897

**Title:** MGRM ( ) Delete  
**Name:** ROBINSON, TIMOTHY B  
**Address:** 118 POLO PARK BOULEVARD EAST  
**City-St-Zip:** DAVENPORT, FL 33897

**ADDITIONS/CHANGES:**

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

**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:** KATHIE L ROBINSON

MGRM

04/01/2009

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