

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000035876

**FILED**  
**Apr 15, 2011**  
**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  
**Name:** ROBINSON, KATHIE L  
**Address:** 118 POLO PARK BOULEVARD EAST  
**City-St-Zip:** DAVENPORT, FL 33897

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

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:** KATHIE L ROBINSON

MGRM

04/15/2011

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