

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104326

Entity Name: TCVM VET, LLC

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1105 FT. CLARKE BLVD  
APT. # 611  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

1105 FT. CLARKE BLVD  
APT. # 611  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 26-3737195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORTIZ-UMPIERRE, CAROLINA  
1105 FT. CLARKE BLVD  
APT # 611  
GAINESVILLE, FL 32606 US

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

MEDINA, CAROLINA  
1105 FT. CLARKE BLVD  
APT # 611  
GAINESVILLE, FL 32606 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: CAROLINA MEDINA

02/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MEDINA, CAROLINA  
Address: 1105 FT. CLARKE BLVD APT # 611  
City-St-Zip: GAINESVILLE, FL 32606

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: CAROLINA MEDINA

MGR

02/18/2010

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