

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111443

FILED
Mar 31, 2009
Secretary of State

Entity Name: LAKE CITY ANIMAL HOSPITAL, LLC

Current Principal Place of Business:

170 SW PROFESSIONAL GLEN
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

170 SW PROFESSIONAL GLEN
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 80-0311130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAIER, FRANK P
4041-B NW 37TH PLACE
GAINESVILLE, FL 32606 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: MGR () Delete
Name: HAWTHORNE, KEVIN E
Address: 171 SW KING STREET
City-St-Zip: LAKE CITY, FL 32024

Title: MGR () Delete
Name: HAWTHORNE, TRACY B
Address: 171 SW KING STREET
City-St-Zip: LAKE CITY, FL 32024

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: KEVIN HAWTHORNE

MGR

03/31/2009

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