

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000066296

**FILED**  
**May 09, 2011**  
**Secretary of State**

**Entity Name:** KEENE VETERINARY HOSPITAL LLC

**Current Principal Place of Business:**

4542 W VILLAGE DRIVE  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

4542 W VILLAGE DRIVE  
TAMPA, FL 33624 US

**New Mailing Address:**

**FEI Number:** 27-0512612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEENE, LISA  
4542 W VILLAGE DR  
TAMPA, FL 33624 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:** LISA KEENE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KEENE, TERRENCE S DR  
**Address:** 4542 W VILLAGE DRIVE  
**City-St-Zip:** TAMPA, FL 33624 US

**Title:** MGRM  
**Name:** KEENE, LISA  
**Address:** 4542 W VILLAGE DR  
**City-St-Zip:** TAMPA, FL 33624 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:** TERRENCE S KEENE

MGRM

05/09/2011

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