

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000081670

FILED
Feb 25, 2011
Secretary of State

Entity Name: DR. DREW ROBERT DOVERSPIKE, DVM, PLLC

Current Principal Place of Business:

12709 TAR FLOWER DR.
TAMPA, FL 33626 US

New Principal Place of Business:

3948 3RD STREET SOUTH
#158
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

12709 TAR FLOWER DR.
TAMPA, FL 33626 US

New Mailing Address:

3948 3RD STREET SOUTH
#158
JACKSONVILLE BEACH, FL 32250 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DOVERSPIKE, DREW R
12709 TAR FLOWER DR.
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

DOVERSPIKE, DREW R
3948 3RD STREET SOUTH
#158
JACKSONVILLE BEACH, FL 32250 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: _____

Electronic Signature of Registered Agent

02/25/2011

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DOVERSPIKE, DREW
Address: 3948 3RD STREET SOUTH, #158
City-St-Zip: JACKSONVILLE BEACH, FL 32250 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: DREW DOVERSPIKE

MGRM

02/25/2011

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