

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000014072

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** COOPER VETERINARY CLINIC, LLC

**Current Principal Place of Business:**

16731 MCGREGOR BLVD.  
NO. 115  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

16731 MCGREGOR BLVD.  
NO. 115  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 80-0542532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOPER, SHERWOOD  
16731 MCGREGOR BLVD.  
NO. 115  
FORT MYERS, FL 33908 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:** SHERWOOD COOPER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** COOPER, SHERWOOD  
**Address:** 16731 MCGREGOR BLVD., NO. 115  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** MGRM  
**Name:** COOPER, TYLER T  
**Address:** 6860 MALDEN ROAD  
**City-St-Zip:** LASALLE, ONTARIO, ON N9-J 1L2 CA

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:** SHERWOOD COOPER

MGRM

04/19/2012

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