

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000086374

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA ANIMAL BLOOD & TISSUE BANK, LLC

**Current Principal Place of Business:**

3884 FOREST HILL BLVD.  
PALM SPRINGS, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

3884 FOREST HILL BLVD.  
PALM SPRINGS, FL 33406

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITMIRE, JR., DRENNEN L ESQ.  
660 US HIGHWAY ONE  
THIRD FLOOR  
NORTH PALM BEACH, FL 33408 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  
Name: ROY, ROBERT G DVM  
Address: 3417 NE 30TH AVE.  
City-St-Zip: LIGHTHOUSE POINTE, FL 33064

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: ROBERT G. ROY, DVM

MGR

03/23/2012

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