

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000016967

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** PETCORAL RESORT AND VETERINARY, LLC

**Current Principal Place of Business:**

600 FIFTH AVENUE SOUTH, #207  
NAPLES, FL 34102

**New Principal Place of Business:**

924 DEL PRADO BLVD SOUTH  
CAPE CORAL, FL 33990

**Current Mailing Address:**

600 FIFTH AVENUE SOUTH, #207  
NAPLES, FL 34102

**New Mailing Address:**

924 DEL PRADO BLVD SOUTH  
CAPE CORAL, FL 33990

**FEI Number:** 45-0825050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRUGGER, JOHN N  
600 FIFTH AVENUE SOUTH, #207  
NAPLES, FL 34102 US

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

RAPOPORT, LORENA  
924 DEL PRADO BLVD SOUTH  
FLORIDA, FL 33990 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: LORENA RAPOPORT

03/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RAPOPORT, LORENA  
Address: 924 DEL PRADO BLVD SOUTH  
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM  
Name: RAPOPORT, DOV  
Address: 924 DEL PRADO BLVD SOUTH  
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM  
Name: ROGAN, BOAZ  
Address: 924 DEL PRADO BLVD SOUTH  
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM  
Name: YOGEV, ABRAHAM  
Address: 924 DEL PRADO BLVD SOUTH  
City-St-Zip: CAPE CORAL, FL 33990

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: LORENA RAPOPORT

MGR

03/27/2012

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