

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000074044

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** DR. MOLLER'S ANIMAL HEALTH CENTER, LLC

**Current Principal Place of Business:**

131 WEBB DRIVE  
SUITE A  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

513 LAKE DAVENPORT CIRCLE  
DAVENPORT, FL 33837 US

**New Mailing Address:**

**FEI Number:** 36-4704132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOLLER, SCOTT M MR  
513 LAKE DAVENPORT CIRCLE  
DAVENPORT, FL 33837 US

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

MOLLER, JENNIFER C DR  
513 LAKE DAVENPORT CIRCLE  
DAVENPORT, FL 33837 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: JENNIFER MOLLER

02/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MOLLER, JENNIFER C DR.  
Address: 513 LAKE DAVENPORT CIRCLE  
City-St-Zip: DAVENPORT, FL 33837 US

Title: MGR  
Name: MOLLER, SCOTT M MR  
Address: 513 LAKE DAVENPORT CIRCLE  
City-St-Zip: DAVENPORT, FL 33837 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: JENNIFER C. MOLLER

DR.

02/09/2012

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