

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000114136

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** CAIL VETERINARY SERVICES PLLC

**Current Principal Place of Business:**

873 CARNIVAL RD SE  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 101183  
PALM BAY, FL 32910

**New Mailing Address:**

**FEI Number:** 45-3545555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAIL, ANGELA DVM  
873 CARNIVAL RD SE  
PALM BAY, FL 32909 US

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

NAPOLITAN, BARBARA  
314 LAURIE STREET  
MELBOURNE, FL 32935 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: BARBARA NAPOLITAN

04/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAIL, ANGELA DVM  
Address: 873 CARNIVAL RD SE  
City-St-Zip: PALM BAY, FL 32909 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: ANGELA CAIL

MGRM

04/29/2012

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