

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000122658

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Entity Name:** THE DOCTOR IS IN VETERINARY RELIEF SERVICES LLC

**Current Principal Place of Business:**

2225 A1A SOUTH STE A3  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

2225 A1A SOUTH STE A3  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 45-3717513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EASTERLY, RACHEL DR  
2225 A1A SOUTH STE A3  
ST. AUGUSTINE, FL 32080 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: DR RACHEL EASTERLY

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: EASTERLY, RACHEL DR  
Address: 2225 A1A SOUTH STE A3  
City-St-Zip: ST. AUGUSTINE, FL 32080

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: RACHEL EASTERLY

DR

10/01/2014

Electronic Signature of Authorized Person

Date