

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000085392

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

**Entity Name:** WESTON LAKES ANIMAL HOSPITAL LLC

**Current Principal Place of Business:**

10526 SW 52ND STREET  
COOPER CITY, FL 33328 US

**New Principal Place of Business:**

318 INDIAN TRACE ROAD  
WESTON, FL 33326 US

**Current Mailing Address:**

10526 SW 52ND STREET  
COOPER CITY, FL 33328 US

**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:**

VIOTTI, CHRISTIANO  
1378 SABAL TRAIL  
WESTON, FL 33327 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: CHRISTIANO VIOTTI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARKOVA, JITKA  
Address: 10526 SW 52ND ST  
City-St-Zip: COOPER CITY, FL 33328 US

Title: MGRM  
Name: VIOTTI, CHRISTIANO  
Address: 1378 SABAL TRAIL  
City-St-Zip: WESTON, FL 33327 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: CHRISTIANO VIOTTI

MGRM

10/07/2013

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