

L14000189347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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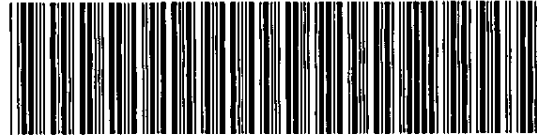
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D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apollo Beach Animal Hospital, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack E. Kiker, III, Esq.

Name of Person

Williams Gautier Law Firm

Firm/Company

2010 Delta Boulevard

Address

Tallahassee, FL 32303

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack E. Kiker, III

850

386-3300

Name of Person

at ()

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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2015 JAN -6 PM 12:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF AUTHORITY OF
APOLLO BEACH ANIMAL HOSPITAL, LLC**

Pursuant to section 605.0302(1), *Florida Statutes*, this Limited Liability Company submits the following statement of authority:

ARTICLE I – Name:

The name of the Limited Liability Company (hereinafter referred to as the “Company”) is:

“Apollo Beach Animal Hospital, LLC”

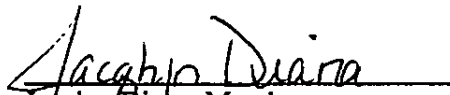
ARTICLE II – Address:

The street and mailing address of the Company’s principal office is:

527 Islebay Drive
Apollo Beach, Florida 33572

ARTICLE III – Authority:

This Statement of Authority grants to Mr. Rick Diana, the authority, as an authorized Member of the Company, to enter into transactions or to otherwise act for and bind the Company as approved by the members thereof, as listed below.


Jacquelyn Diana, Member


Rick Diana, Member

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