

L18000 264687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

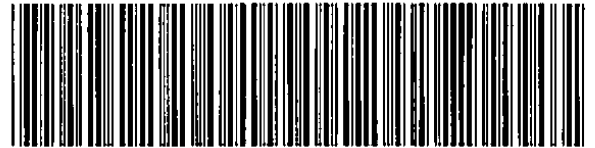
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKERIDGE ANIMAL HOSPITAL, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFREY S. EICH, DR
Name of Person

LAKERIDGE ANIMAL HOSPITAL
Firm/Company

20180 US HIGHWAY 27 STE 206
Address

CLEMMONT, FL 34715
City/State and Zip Code

jeschdvm@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY S. EICH at (336) 314-7826
Name of Person 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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: LAKEVIEW ANIMAL HOSPITAL, LLC
2. (a) 20180 US HIGHWAY 27
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 206
CLEMMONT, FL 34715
- (b) 103 BLACKSTONE CREEK RD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
GREVELAND, FL 34736
3. NOVEMBER 13, 2018
Date of filing/registration in Florida
4. L29000264687
Document number
5. (a) JEFFREY S. EICK, DR
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
20180 US HIGHWAY 27
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 206
CLEMMONT, FL 34711
- (b) JEFFREY S. EICK, DR
Enter name of NEW Registered Agent and/or NEW Registered Office address:
20180 US HIGHWAY 27
NEW Registered Office Address.
SUITE 206
CLEMMONT, FL 34715

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member: Jeffrey S. Eick
Printed or typed name of signer: Jeffrey S. Eick

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent: [Signature]

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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