

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90123 012 ****50.00

DOCUMENT # L99000006721

1. Entity Name
ACADEMY ANIMAL HOSPITAL JON J. RAPPAPORT, LLC



Principal Place of Business
**4211 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308**

Mailing Address
**19501 BISCAYNE BLVD #400
AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE



04292005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
52-2200576

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOFFER, MARSHA
19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RAPPAPORT, JON J
19501 BISCAYNE BLVD #400
MIAMI, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #