

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90032 013 \*\*\*\*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**



01242007No Chg-LLC

CR2E083 (11/05)

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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

TITLE	
NAME	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #