

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000006721

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** ACADEMY ANIMAL HOSPITAL JON J. RAPPAPORT, LLC

**Current Principal Place of Business:**

19501 BISCAYNE BLVD #400  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19501 BISCAYNE BLVD #400  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 52-2200576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KARSON, JACK E  
19501 BISCAYNE BOULEVARD, SUITE 400  
AVENTURA, FL 33180 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RAPPAPORT, JON J  
Address: 19501 BISCAYNE BLVD #400  
City-St-Zip: MIAMI, FL 33180

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: JON RAPPAPORT

MGR

04/01/2011

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