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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.  
Account Number : I20050000099  
Phone : (813)932-5244  
Fax Number : (813)932-3782

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@activatemylicense.com

**Foreign Limited Liability Company  
GRUMPY VET 77, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE

2023 OCT 20 PM 4:36

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GRUMPY VET 77, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

JANINE SKIPPER

\_\_\_\_\_  
Name of Person

CONTRACTORS REPORTING SERVICE, INC

\_\_\_\_\_  
Firm/Company

13795 N NEBRASKA AVE

\_\_\_\_\_  
Address

TAMPA, FL 33613

\_\_\_\_\_  
City/State and Zip Code

info@activatemylicense.com

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

For further information concerning this matter, please call:

JANINE SKIPPER

\_\_\_\_\_  
Name of Contact Person

at ( 813 )

\_\_\_\_\_  
Area Code

932-5244

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. GRUMPY VET 77, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. IDAHO 3. 88-3339746  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3807 E 196 N 6. 3526 ASPIRE CIRCLE #4107  
(Street Address of Principal Office) (Mailing Address)

RIGBY ID 83442 CAPE CORAL FL 33914

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SKYLAR PRICE

Office Address: 3526 ASPIRE CIRCLE #4107

CAPE CORAL, Florida 33914  
(City) (zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.*

DocuSigned by:

Skylar Price

2E3C5148D24040F

(signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>SKYLAR PRICE</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>3807 E 196 N</u>	<input type="checkbox"/> Authorized	_____
Person	<u>RIGBY</u> ID <u>83442</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>TAMARA PRICE</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>3807 E 196 N</u>	<input type="checkbox"/> Authorized	_____
Person	<u>RIGBY</u> ID <u>83442</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:  
Skylar Price  
6E3C514803404CF signature of an authorized person

SKYLAR PRICE



# STATE OF IDAHO

Phil McGrane / Secretary of State  
Business Office  
450 North 4th Street  
PO Box 83720  
Boise, ID 83720

October 20, 2023

Request Type: Certificate of Existence/Filing  
Request #: 0005445706  
Receipt #: 000892711

Issuance Date: 10/20/2023  
Copies Requested: 0

Regarding: Grumpy Vet 77, LLC  
Filing Type: Limited Liability Company (D)  
Formation/Qualification Date: 07/15/2022  
Status: Active-Existing  
Duration Term: Perpetual

File #: 4823929  
Formation Locale: IDAHO  
Inactive Date:

## Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

Grumpy Vet 77, LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane  
Idaho Secretary of State

Processed By: Business Division

Verification #: 025778028