2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026483

Entity Name: AMERICAN PET RESORT, LLC

Current Principal Place of Business:

5130 UNIVERSITY BLVD, WEST JACKSONVILLE, FL 32216

Current Mailing Address:

5130 UNIVERSITY BLVD. WEST JACKSONVILLE, FL 32216 US

FEI Number: 83-0339925 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOEL, WILLIAM L. 5130 UNIVERSITY BLVD. WEST JACKSONVILLE, FL 32216 US

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: WILLIAM L. JOEL 01/23/2018

Electronic Signature of Registered Agent

Date

FILED Jan 23, 2018

Secretary of State

CC4944729530

Authorized Person(s) Detail :

Address

Title PRESIDENT, CEO Title SENIOR VP OF FINANCE, COO,

TREASURER

ACOSTA-RUA, FERNANDO Name ENGLISH, KEVIN Name 5130 UNIVERSITY BLVD. WEST

5130 UNIVERSITY BLVD. WEST Address JACKSONVILLE FL 32216

City-State-Zip: City-State-Zip: JACKSONVILLE FL 32216

Title SENIOR VICE PRESIDENT, GENERAL

Title VP OF REAL ESTATE COUNSEL, SECRETARY

Name FRANCO, BRIAN D JOEL. WILLIAM L Name

5130 UNIVERSITY BLVD. WEST 5130 UNIVERSITY BLVD. WEST Address Address

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

Title ASSISTANT TREASURER VP OF MARKETING AND Title

COMMUNICATIONS Name UTRUP, CHAD M

Name TARR, LISA M 330 W. SPRING STREET Address Address

5130 UNIVERSITY BLVD. WEST SUITE 200

City-State-Zip: COLUMBUS OH 43215 JACKSONVILLE FL 32216 City-State-Zip:

Title VΡ Title ASSISTANT TREASURER

Name HACKETT, ANDREW M MATTHEWS, ASHLEY A Name

Address 330 W. SPRING STREET 330 W. SPRING STREET Address

SUITE 200 SUITE 200

COLUMBUS OH 43215 City-State-Zip: COLUMBUS OH 43215 City-State-Zip:

Continues on page 2

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

01/23/2018 ASSISTANT SECRETARY SIGNATURE: CHRISTINE A. MURRY

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

ASSISTANT SECRETARY Title Name MURRY, CHRISTINE A Address

330 W. SPRING STREET SUITE 200

City-State-Zip: COLUMBUS OH 43215