

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000026483

**Entity Name:** AMERICAN PET RESORT, LLC

**Current Principal Place of Business:**

1551 ATLANTIC BOULEVARD  
SUITE 200  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1551 ATLANTIC BOULEVARD  
SUITE 200  
JACKSONVILLE, FL 32207

**FEI Number:** 83-0339925

**Certificate of Status Desired:** No

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

JOEL, WILLIAM L  
1551 ATLANTIC BOULEVARD  
SUITE 200  
JACKSONVILLE, FL 32207 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: PRESIDENT, CEO  
Name: ACOSTA-RUA, FERNANDO  
Address: 1551 ATLANTIC BOULEVARD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32207

Title: SENIOR VP OF FINANCE, COO, TREASURER  
Name: ENGLISH, KEVIN  
Address: 1551 ATLANTIC BOULEVARD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32207

Title: SENIOR VICE PRESIDENT, GENERAL COUNSEL, SECRETARY  
Name: JOEL, WILLIAM L  
Address: 1551 ATLANTIC BOULEVARD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32207

Title: VP OF REAL ESTATE  
Name: FRANCO, BRIAN D  
Address: 1551 ATLANTIC BOULEVARD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32207

Title: VP OF MARKETING AND COMMUNICATIONS  
Name: TARR, LISA M  
Address: 1551 ATLANTIC BOULEVARD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32207

Title: ASSISTANT TREASURER  
Name: UTRUP, CHAD M  
Address: 330 W. SPRING STREET SUITE 200  
City-State-Zip: COLUMBUS OH 43215

Title: ASSISTANT TREASURER  
Name: MATTHEWS, ASHLEY A  
Address: 330 W. SPRING STREET SUITE 200  
City-State-Zip: COLUMBUS OH 43215

Title: VP  
Name: HACKETT, ANDREW M  
Address: 330 W. SPRING STREET SUITE 200  
City-State-Zip: COLUMBUS OH 43215

**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.*

**SIGNATURE:** WILLIAM L. JOEL

**SENIOR VICE PRESIDENT 03/06/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title ASSISTANT SECRETARY  
Name MURRY, CHRISTINE A  
Address 330 W. SPRING STREET  
SUITE 200  
City-State-Zip: COLUMBUS OH 43215

Title VP OF OPERATIONS  
Name BEAM, DINA R  
Address 1551 ATLANTIC BOULEVARD, SUITE  
200  
City-State-Zip: JACKSONVILLE FL 32207

Title CHIEF VETERINARY OFFICER  
Name PICKETT, JAIME K  
Address 1551 ATLANTIC BOULEVARD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32207