

2022 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 VICE PRESIDENT OF REAL ESTATE
Name FRANCO, BRIAN D
Address 1551 ATLANTIC BOULEVARD, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title VICE PRESIDENT 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

VP

04/01/2022

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

Title VICE PRESIDENT OF VETERINARY OPERATIONS
Name CUNNINGHAM, BENJAMIN
Address 1551 ATLANTIC BOULEVARD
SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title VICE PRESIDENT OF RESORT
TRAINING AND CUSTOMER SERVICE
Name BEAM, DINA R
Address 1551 ATLANTIC BOULEVARD, SUITE
200
City-State-Zip: JACKSONVILLE FL 32207

Title SENIOR VICE PRESIDENT AND CHIEF
PEOPLE OFFICER
Name AMLIE, CLAUDIA SAENZ
Address 1551 ATLANTIC BOULEVARD
SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title VICE PRESIDENT OF OPERATIONS
Name DUFFY, JASON
Address 1551 ATLANTIC BOULEVARD
SUITE 200
City-State-Zip: JACKSONVILLE FL 32207