

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 03, 2017
Secretary of State
CC3692185108

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

02/03/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT, CEO
Name ACOSTA-RUA, FERNANDO
Address 5130 UNIVERSITY BLVD. WEST
City-State-Zip: JACKSONVILLE FL 32216

Title SENIOR VP OF FINANCE, COO,
 TREASURER
Name ENGLISH, KEVIN
Address 5130 UNIVERSITY BLVD. WEST
City-State-Zip: JACKSONVILLE FL 32216

Title SENIOR VICE PRESIDENT, GENERAL
 COUNSEL, SECRETARY
Name JOEL, WILLIAM L
Address 5130 UNIVERSITY BLVD. WEST
City-State-Zip: JACKSONVILLE FL 32216

Title VP OF REAL ESTATE
Name FRANCO, BRIAN D
Address 5130 UNIVERSITY BLVD. WEST
City-State-Zip: JACKSONVILLE FL 32216

Title VP OF MARKETING AND
 COMMUNICATIONS
Name TARR, LISA M
Address 5130 UNIVERSITY BLVD. WEST
City-State-Zip: JACKSONVILLE FL 32216

Title CONTROLLER, ASSISTANT
 TREASURER
Name ALLEN, DENNIS
Address 5130 UNIVERSITY BLVD. WEST
City-State-Zip: JACKSONVILLE FL 32216

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

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

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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: CHRISTINE A. MURRY

ASSISTANT SECRETARY 02/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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