2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2025
Secretary of State
3776166247CC

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Entity Name: ANIMAL EMERGENCY HOSPITAL OF ST JOHNS COUNTY, LLC

Current Principal Place of Business:

2792 NW LOVETT RD
GREENVILLE, FL 32331

Current Mailing Address:

2792 NW LOVETT RD
GREENVILLE, FL 32331 US

FEI Number: 20-0316114

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, LAURA L
2792 NW LOVETT RD
GREENVILLE, FL 32331 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	MGRM
Name	WILLIAMS, LAURA L
Address	2792 NW LOVETT RD
City-State-Zip:	GREENVILLE FL 32331

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: LAURA WILLIAMS MGMBR 02/19/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date