

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027965

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

Current Principal Place of Business:

2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086

Current Mailing Address:

2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086

FEI Number: 20-0316114

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, LAURA L
2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086 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 2505 OLD MOULTRIE RD
City-State-Zip: ST AUGUSTINE FL 32086

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

03/31/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date