

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000061012

**Entity Name:** VETASSIST, LLC

**Current Principal Place of Business:**

11861 WESTLINE INDUSTRIAL DR., SUITE 750  
ST. LOUIS, MO 63146

**Current Mailing Address:**

11861 WESTLINE INDUSTRIAL DR., SUITE 750  
ST. LOUIS, MO 63146 US

**FEI Number:** 20-5051525

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** JILL CILMI

10/09/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	LAIDERMAN, HOWARD	Name	LAIDERMAN, BONNIE
Address	11861 WESTLINE INDUSTRIAL DR., SUITE 750	Address	11861 WESTLINE INDUSTRIAL DR., SUITE 750
City-State-Zip:	ST. LOUIS MO 63146	City-State-Zip:	ST. LOUIS MO 63146

*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:** HOWARD LAIDERMAN

MANAGER

10/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date