

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011743

Entity Name: PINE FOREST ANIMAL CLINIC, LLC

Current Principal Place of Business:

6860 PINE FOREST RD
PENSACOLA, FL 32526

Current Mailing Address:

6860 PINE FOREST RD
PENSACOLA, FL 32526

FEI Number: 27-3682720

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERRETT, DAVID A
440 CREARY STREET
PENSACOLA, FL 32507 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	Title	MGRM
Name	PERRETT, ROSEMARY	Name	PERRETT, DAVID A
Address	440 CREARY STREET	Address	440 CREARY STREET
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32507

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: DAVID PERRETT

MGRM

05/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date