

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000021093

**Entity Name:** LILLIAN C. FELZ, DVM, LLC

**Current Principal Place of Business:**

4667 B ORLEANS COURT  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

4667 B ORLEANS COURT  
WEST PALM BEACH, FL 33415

**FEI Number:** 71-1047463

**Certificate of Status Desired:** No

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

LAMBERT, JASON A  
4667B ORLEANS CT  
WEST PALM BEACH, FL 33415 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 MGR  
Name FELZ, LILLIAN C  
Address 4667 B ORLEANS COURT  
City-State-Zip: WEST PALM BEACH FL 33415

Title MGRM  
Name LAMBERT, JASON A  
Address 4667 B ORLEANS COURT  
City-State-Zip: WEST PALM BEACH FL 33415

*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:** LILLIAN C. FELZ, DVM, LLC

**MANAGING MEMBER**

**04/01/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date