2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2025
Secretary of State
5444209367CC

DOCUMENT# L11000009002

Entity Name: FULL CIRCLE ANIMAL HOSPITAL LLC

Current Principal Place of Business:

450119 STATE ROAD 200
CALLAHAN, FL 32011

Current Mailing Address:

450119 STATE RD 200
CALLAHAN, FL 32011 US

FEI Number: 27-4441899

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TIMOTHY P. KELLY, PA
1016 LASALLE STREET
JACKSONVILLE, FL 32207 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	PAYNE, SR., MICHAEL A
Address	46977 MIDDLE RD
City-State-Zip:	HILLIARD FL 32046

Title	MANAGER
Name	PAYNE, CYNTHIA D
Address	46977 MIDDLE RD
City-State-Zip:	HILLIARD FL 32046

Title	MANAGER
Name	MICHAEL, PAYNE, JR
Address	207 BUNTIN ST
City-State-Zip:	WOODBINE GA 31569

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: CYNTHIA PAYNE ADMINSTRATOR 02/10/2025

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