

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000009002

Entity Name: FULL CIRCLE ANIMAL HOSPITAL LLC

Current Principal Place of Business:

450077 STATE ROAD 200, #20
CALLAHAN, FL 32011

Current Mailing Address:

PO BOX1399
CALLAHAN, FL 32011

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 76399 TIMBERCREEK BLVD
City-State-Zip: YULEE FL 32097

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: PAYNE, SR. , MICHAEL A

MGR

02/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date