

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000040545

**Entity Name:** COMMUNITY VETERINARY SERVICES, L.L.C.

**Current Principal Place of Business:**

1001 NW 192ND AVENUE  
GAINESVILLE, FL 32609

**Current Mailing Address:**

1001 NW 192ND AVENUE  
GAINESVILLE, FL 32609

**FEI Number:** 45-1499083

**Certificate of Status Desired:** No

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

ROSENFELD, CINDY  
1001 NW 192ND AVENUE  
GAINESVILLE, FL 32609 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  
Name ROSENFELD, CINDY  
Address 1001 NW 192ND AVENUE  
City-State-Zip: GAINESVILLE FL 32609

*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:** CINDY ROSENFELD

**MANAGER**

**01/22/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date