**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 24, 2019**
**Secretary of State**
**7250882953CC**

DOCUMENT# L12000047655

**Entity Name:** SUNRISE ANIMAL HOSPITAL, LLC

**Current Principal Place of Business:**

1190 SUNSET STRIP
SUNRISE, FL 33313

**Current Mailing Address:**

1190 SUNSET STRIP
SUNRISE, FL 33313 US

**FEI Number: 45-5281636**

**Certificate of Status Desired:** No

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

SHETLER, JONATHAN
1190 SUNSET STRIP
SUNRISE, FL 33313 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 | SHETLER, JONATHAN |
| Address | 1190 SUNSET STRIP |
| City-State-Zip: | SUNRISE FL 33313 |

*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: JONATHAN SHETLER MGRM 01/24/2019

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