

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date