#### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000056214

Entity Name: CANINE SPORTS MEDICINE AND REHABILITATION LLC

FILED
Mar 14, 2019
Secretary of State
7383399172CC

## **Current Principal Place of Business:**

1946 BAY DRIVE

TALLAHASSEE, FL 32303

#### **Current Mailing Address:**

1946 BAY DR

TALLAHASSEE, FL 32303 US

FEI Number: 46-1272873 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

O'CONNELL, ERIN M COE 1946 BAY DR TALLAHASSEE, FL 32303 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: ERIN O'CONNELL. COE 03/14/2019

Electronic Signature of Registered Agent

Date

### Authorized Person(s) Detail:

Title COE

Name OCONNELL, ERIN M Address 1946 BAY DRIVE

City-State-Zip: TALLAHASSEE FL 32303

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.