

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000047931

Entity Name: ANIMAL CLINIC OF UNIVERSITY DRIVE LLC

Current Principal Place of Business:

2410 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

Current Mailing Address:

2410 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

FEI Number: 46-2438393

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUINTERO, GUILLERMO
20421 SW 48 PLACE
SOUTHWEST RANCHES, FL 33332 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 QUINTERO, GUILLERMO
Address 20421 SW 48 PLACE
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title MANAGER
Name RUEDA, MARTHA R
Address 2410 N. UNIVERSITY DRIVE
City-State-Zip: SUNRISE FL 33322

Title SECRETARY
Name QUINTERO , ANA M
Address 2410 N. UNIVERSITY DRIVE
City-State-Zip: SUNRISE FL 33322

Title SECRETARY
Name QUINTERO , JUAN P
Address 2410 N. UNIVERSITY DRIVE
City-State-Zip: SUNRISE FL 33322

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: GUILLERMO QUINTERO

MGRM

03/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date