2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2019
Secretary of State
0868253586CC

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Entity Name: BLUE STAR ANIMAL HOSPITAL, LLC

Current Principal Place of Business:

2851 CR 210 W
SUITE 119
SAINT JOHNS, FL 32259

Current Mailing Address:

2851 CR 210 W
SUITE 119
SAINT JOHNS, FL 32259 US

FEI Number: 46-5006015

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KANCHARKUNTLA, SRILATHA
2851 CR 210 W
SUITE 119
SAINT JOHNS, FL 32259 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: SRILATHA KANCHARKUNTLA 03/16/2019

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	KANCHARKUNTLA, SRILATHA
Address	2851 CR 210 W SUITE 119
City-State-Zip:	SAINT JOHNS FL 32259

Title	AUTHORIZED MEMBER
Name	GUTTA, SHIVANI LINDA
Address	5309 RISING SUN CT.
City-State-Zip:	SAINT JOHNS FL 32259

Title	AUTHORIZED MEMBER
Name	GUTTA, SATYA LAXMAN REDDY
Address	5309 RISING SUN CT.
City-State-Zip:	SAINT JOHNS FL 32259

Title	MANAGER
Name	GUTTA, VENKAT R
Address	5309 RISING SUN CT.
City-State-Zip:	SAINT JOHNS FL 32259

Title	AUTHORIZED MEMBER
Name	GUTTA, HERMIONE REDDY
Address	5309 RISING SUN CT.
City-State-Zip:	SAINT JOHNS FL 32259

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: SRILATHA KANCHARKUNTLA MGRM 03/16/2019

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