

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000061699

Entity Name: NEIGHBORHOOD VETERINARY CENTER, LLC

Current Principal Place of Business:

313 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

Current Mailing Address:

313 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 US

FEI Number: 47-3700637

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMEIJEIRAS, BARBARA M
313 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 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 AMBR
Name AMEIJEIRAS, BARBARA M
Address 313 E HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE BEACH FL 33009

Title PRESIDENT
Name AMEIJEIRAS, CARLOS DANIEL
Address 313 E HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE BEACH FL 33009

Title SECRETARY
Name AMEIJEIRAS, ISABEL C
Address 313 E HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE BEACH FL 33009

Title AMBR
Name AMEIJEIRAS, LUIS C
Address 313 E HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP
Name AMEIJEIRAS, BARBARA MARIA
Address 313 E HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER
Name AMEIJEIRAS, LUIS CARLOS
Address 313 E HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE BEACH FL 33009

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: BARBARA AMEIJEIRAS

VP

01/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date