

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000155419

Entity Name: WITHLACOOCHEE TRAIL ANIMAL CLINIC, LLC

Current Principal Place of Business:

11865 N. FLORIDA AVENUE
DUNNELLON, FL 34434

Current Mailing Address:

11865 N. FLORIDA AVENUE
DUNNELLON, FL 34434 US

FEI Number: 47-5075719

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOX, ADRIENNE L
11865 N. FLORIDA AVENUE
DUNNELLON, FL 34434 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: ADRIENNE L. FOX

02/06/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FOX, ADRIENNE L
Address 11865 N. FLORIDA AVENUE
City-State-Zip: DUNNELLON FL 34434

Title MGR
Name FOX, MATTHEW P
Address 11865 N. FLORIDA AVENUE
City-State-Zip: DUNNELLON FL 34434

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: ADRIENNE L. FOX

MANAGER

02/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date