

**2018 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

04/13/2018

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 FOX

MGR

04/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date