

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000072647

**Entity Name:** 4937 SOUTH TAMIAMI TERRACE LLC

**Current Principal Place of Business:**

4937 S.TAMIAMI TR  
SARASOTA, FL 34231

**Current Mailing Address:**

356 BOSTON POST ROAD  
ORANGE, CT 06477 US

**FEI Number:** 81-2733343

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EUREKA ANIMAL HOSPITAL LLC  
11326 SW 184TH STREET  
MIAMI, FL 33157 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	Title	AMBR
Name	LENDER, MATTHEW A	Name	CRAWFORD, SCOTT W
Address	356 BOSTON POST ROAD	Address	700 TAMARACK RD
City-State-Zip:	ORANGE CT 06477	City-State-Zip:	STOWE VT 05672

*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:** MATTHEW LENDER

**AUTHORIZED MEMBER**

**04/23/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date