

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000178841

**FILED**  
**Jan 10, 2019**  
**Secretary of State**  
**6749275748CC**

**Entity Name:** LEFFLER VETERINARY OFFICE, LLC

**Current Principal Place of Business:**

1095 NORTH U.S. HIGHWAY 1  
SUITE 6  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

1095 NORTH U.S. HIGHWAY 1  
SUITE 6  
ORMOND BEACH, FL 32174 US

**FEI Number:** 81-3953300

**Certificate of Status Desired:** No

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

HERITAGE LAW, LLC  
140 SOUTH BEACH STREET  
SUITE 310  
DAYTONA BEACH, FL 32114 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:** CARLEEN A NICASTRO

01/10/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEFFLER, CHARLES W DVM  
Address 1095 NORTH U.S. HIGHWAY 1, STE 6  
City-State-Zip: ORMOND BEACH FL 32174

Title MGR  
Name LEFFLER, LAURA F  
Address 1095 NORTH U.S. HIGHWAY 1, STE 6  
City-State-Zip: ORMOND BEACH FL 32174

Title MANAGER  
Name NICASTRO, CARLEEN  
Address 1095 NORTH U.S. HIGHWAY 1  
SUITE 6  
City-State-Zip: ORMOND BEACH FL 32174

*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:** CARLEEN NICASTRO

MANAGER

01/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date