

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000187394

**Entity Name:** PINE CASTLE ANIMAL CARE CENTER, LLC

**Current Principal Place of Business:**

5250 S. ORANGE AVENUE  
ORLANDO, FL 32809

**Current Mailing Address:**

6715 SOUTH HIGHWAY A1A  
MELBOURNE BEACH, FL 32951 US

**FEI Number:** 81-2979923

**Certificate of Status Desired:** No

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

KLEIN, WILLIAM  
6715 S. HIGHWAY A1A  
MELBOURNE BEACH, FL 32951 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 MGR  
Name KLEIN, WILLIAM  
Address 6715 SOUTH HIGHWAY A1A  
City-State-Zip: MELBOURNE BEACH FL 32951

*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:** WILLIAM KLEIN

**PRESIDENT**

**05/17/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date