

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000000228

**Entity Name:** SILVER SPRINGS SHORES ANIMAL HOSPITAL, LLC.

**Current Principal Place of Business:**

7121 SE MARICAMP RD.  
OCALA, FL 34472

**Current Mailing Address:**

7121 SE MARICAMP RD.  
OCALA, FL 34472

**FEI Number: 82-0609240**

**Certificate of Status Desired: No**

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

JOHNSON, TOBY L  
7121 SE MARICAMP RD.  
OCALA, FL 34472 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	Title	MBR
Name	JOHNSON, TOBY L DVM	Name	JOHNSON, TOBY L DVM
Address	7121 SE MARICAMP RD.	Address	7121 SE MARICAMP RD.
City-State-Zip:	OCALA FL 34472	City-State-Zip:	OCALA FL 34472

*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: TOBY JOHNSON**

**MANAGING MEMBER**

**01/29/2021**

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

\_\_\_\_\_  
Date