

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000085956

Entity Name: NEWPORT VETERINARY HOSPITAL LLC

Current Principal Place of Business:

25100 BERNWOOD DR.
BONITA SPRINGS, FL 34135

Current Mailing Address:

356 BOSTON POST ROAD
ORANGE, CT 06477 US

FEI Number: 82-1113606

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORT CHARLOTTE VETERINARY SPECIALTY, LLC
17829 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948 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	Name	CRAWFORD, SCOTT
Address	356 BOSTON POST ROAD	Address	700 TAMARACK RD
City-State-Zip:	ORANGE CT 06477	City-State-Zip:	STOWE VT 05672

Title AMBR
Name JAUQUET, ANDREW RYAN DR.
Address 25100 BERNWOOD RD
City-State-Zip: BONITA SPRINGS FL 34135

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

AMBR

06/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date