#### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000120862

Entity Name: FAMILY MOBILE VETERINARY CLINIC, LLC

# **Current Principal Place of Business:**

716 SOUTH FRANKLIN PLACE LAKELAND, FL 33815

# **Current Mailing Address:**

716 SOUTH FRANKLIN PLACE LAKELAND, FL 33815 US

FEI Number: 83-0693687 Certificate of Status Desired: No

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

REED MAWHINNEY & LINK, PLLC 1611 HARDEN BLVD. LAKELAND, FL 33803 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

**FILED** Feb 16, 2021

**Secretary of State** 

8744743183CC

# Authorized Person(s) Detail:

Title MGR

Name ORASKY, VANESSA T 3823 ERIC COURT Address City-State-Zip: LAKELAND FL 33813

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: VANESSA T. ORASKY

**MANAGER** 

02/16/2021