

2025 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
53 LAKE MORTON DRIVE
SUITE 100
LAKELAND, FL 33801 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: ANDREW M. REED

01/23/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ORASKY, VANESSA T
Address 716 SOUTH FRANKLIN PLACE
City-State-Zip: LAKELAND FL 33815

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

01/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date