

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000220504

Entity Name: WADE VETERINARY SERVICES, LLC

Current Principal Place of Business:

1146 SW MAGNOLIA BLUFF DRIVE
PALM CITY, FL 34990

Current Mailing Address:

1146 SW MAGNOLIA BLUFF DRIVE
PALM CITY, FL 34990 US

FEI Number: 83-1963282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WADE, JOHANNA K
1146 SW MAGNOLIA BLUFF DRIVE
PALM CITY, FL 34990 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: JOHANNA WADE

02/06/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title DR.
Name WADE, JOHANNA K
Address 1146 SW MAGNOLIA BLUFF DRIVE
City-State-Zip: PALM CITY FL 34990

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: JOHANNA WADE

DVM

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date