

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000033069

**Entity Name:** PAVILION CROSSING ANIMAL HOSPITAL, LLC

**Current Principal Place of Business:**

3821 US HWY 301 SOUTH  
RIVERVIEW, FL 33578

**Current Mailing Address:**

3821 US HWY 301 SOUTH  
RIVERVIEW, FL 33578 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

EEGA, KESHAVA R  
3821 US HWY 301 SOUTH  
RIVERVIEW, FL 33578 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	MGR
Name	EEGA, KESHAVA R	Name	GUTTA, VENKAT R
Address	3821 US HWY 301 SOUTH	Address	5309 RISING SUN CT
City-State-Zip:	RIVERVIEW FL 33578	City-State-Zip:	SAINT JOHNS FL 32259

*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:** VENKAT R GUTTA

MGR

02/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date