

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000087407

Entity Name: COMPANION CARE PET HOSPITAL AT WEKIVA, LLC**Current Principal Place of Business:**3851 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779**Current Mailing Address:**4932 W. STATE ROAD 46, #1030
SANFORD, FL 32771**FEI Number: 88-1038265****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VANI POOSAPATI
4932 W. STATE RD 46, #1030
SANFORD, FL 32771 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
Name	VANI POOSAPTI
Address	4932 W STATE RD 46, #1030
City-State-Zip:	SANFORD FL 32771

Title	AMBR
Name	KYLE FARRELL
Address	4932 W STATE RD 46, #1030
City-State-Zip:	SANFORD FL 32771

Title	AMBR
Name	GEETA NANDYALA
Address	4932 W STATE RD 46, #1030
City-State-Zip:	SANFORD FL 32771

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: VANI POOSAPATI**MGR****02/03/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date