

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000137088

Entity Name: DORAL WELFARE ANIMAL HOSPITAL LLC

Current Principal Place of Business:

7930 NW 36TH ST
25
DORAL, FL 33166

Current Mailing Address:

7930 NW 36TH ST
25
DORAL, FL 33166

FEI Number: 88-1627885

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, MAIKEL
7930 NW 36TH ST
25
DORAL, FL 33166 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	GONZALEZ, MAIKEL	Name	RUBIO, THAILY
Address	14202 SW 152TERR	Address	11871 SW 208 ST
City-State-Zip:	MIAMI FL 33177	City-State-Zip:	MIAMI FL 33177

Title MGR
 Name PAOLA LIZ ALBERO CUERVO
 Address 7930 NW 36TH ST
 STE 25
 City-State-Zip: DORAL FL 33166

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: MAIKEL GONZALEZ

MGR

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date