

**2023 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
Name	GONZALEZ, MAIKEL
Address	13750 SW 272 ST APT 104
City-State-Zip:	HOMESTEAD FL 33032
Title	MGR
Name	PAOLA LIZ ALBERO CUERVO
Address	8800 DORAL BLVD APT 4451
City-State-Zip:	DORAL FL 33178

Title	MGR
Name	RUBIO, THAILY
Address	11871 SW 208 ST
City-State-Zip:	MIAMI FL 33177

*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

03/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date