#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000252636

Entity Name: COLONIAL ANIMAL HOSPITAL 2 LLC

# **Current Principal Place of Business:**

9321 6 MILE CYPRESS PKWY SUITE 150 FORT MYERS, FL 33966

# **Current Mailing Address:**

8132 BIBIANA WAY #101 FORT MYERS, FL 33912 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

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

**TOLL LAW** 210 DEL PRADO BLVD. S. SUITE 1 CAPE CORAL, FL 33907 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

**FILED** Feb 08, 2024

**Secretary of State** 

5386140105CC

### Authorized Person(s) Detail:

Title MGR

Name FOXWELL, WILLIAM D 8132 BIBIANA WAY #101 Address City-State-Zip: FORT MYERS FL 33912

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.

02/08/2024 SIGNATURE: WILLIAM FOXWELL **MGR**