

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000422105

**Entity Name:** KEHOE ANIMAL CLINIC OF VIERA, LLC

**Current Principal Place of Business:**

3220 THURLOE DR.  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

700 N WICKHAM RD, STE 205  
FARO & CROWDER PA  
MELBOURNE, FL 32935 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FARO & CROWDER, PA  
700 N WICKHAM RD  
STE 205  
MELBOURNE, FL 32935 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	KEHOE, MARTHA	Name	KEHOE, SEAN
Address	3220 THURLOE DR	Address	3220 THURLOE DR
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955

*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:** KEHOE, SEAN

MGR

02/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date