

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000229935

**Entity Name:** BURG ANIMAL HOSPITAL AT BOOKER CREEK, L.L.C.

**Current Principal Place of Business:**

1245 CT ST  
CLEARWATER, FL 33756

**Current Mailing Address:**

1245 CT ST  
CLEARWATER, FL 33756

**FEI Number: 88-2880359**

**Certificate of Status Desired: No**

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

GASSMAN, ESQ, ALAN S  
1245 CT ST  
CLEARWATER, FL 33756 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	NAGLE, NATALIE	Name	FORKNER, JOCI
Address	1245 CT ST	Address	1245 CT ST
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756

*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: NATALIE NAGLE**

**MGR**

**01/12/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date