AMENDED ANNUAL REPORT

Corporation Division
www.filinginoregon.com

E-FILED
May 20, 2019
OREGON SECRETARY OF STATE

REGISTRY NUMBER

102673993

REGISTRATION DATE

06/12/2014

BUSINESS NAME

HOEFT ENTERPRISES, LLC

BUSINESS ACTIVITY

VETERINARY HOSPITAL

MAILING ADDRESS

PO BOX 1804
ESTACADA OR 97023 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

585 NW ZOBRIST STREET
ESTACADA OR 97023 USA

JURISDICTION

OREGON

REGISTERED AGENT

LEO HOEFT

22000 S SPRINGWATER RD
ESTACADA OR 97023 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

CYNTHIA HOEFT

22000 S SPRINGWATER RD
ESTACADA OR 97023 USA

MEMBER

LEO HOEFT

22000 S SPRINGWATER RD
ESTACADA OR 97023 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

LEO HOEFT

TITLE

MANAGER

DATE SIGNED

05-20-2019