

LD6000071120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10-1-10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pet Medical Centers, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000071120

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christy Infiesta  
Name of Person

Pet Medical Centers  
Name of Firm/Company

19501 Biscayne Blvd., #400  
Address

Aventura, Florida 33180  
City/State and Zip Code

cinfiesta@turnberry.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Infiesta at ( 305 ) 914-8205  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Marsha Soffer, hereby resigns as  
Name of Registered Agent

Registered Agent for Pet Medical Centers, LLC

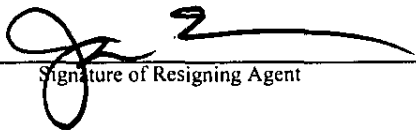
\_\_\_\_\_  
Name of Limited Liability Company

L06000071120  
Document Number, if known

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Jack E. Karson  
Typed or Printed Name  
President  
Capacity

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**