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PEÑALVER & PEÑALVER

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW
2655 LEJEUNE ROAD
SUITE 508
CORAL GABLES, FLORIDA 33134

Rafael A. Peñalver, Jr. Aurora Peñalver Salas

March 11, 2016

Telephone (305) 579-9000

Telefax: (305) 371-6117 Penalverlaw@aol.com

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: SOUTHEAST VETERINARY REFERRAL CENTER, LLC

Dear Sir/Madam:

Enclosed please find the following:

- 1. Cover Letter;
- 2. Dissociation or Resignation of Member....;
- 3. Check No. 1132 issued by our firm in the amount of \$25.00.

I would appreciate your assistance in handling this matter.

Best regards,

Aurora Peñalver Salas

APS/ac Encls

COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	Southeast Veterinary Referra			
	(Name of Limited Liability Company)			
The enclosed	l member, resignation or dissocia	ation and fee(s) are submitted for filing.	
Please return	all correspondence concerning t	this matter to:		
Sean R. Sa	antini .			
	(Contact Person)		-	
Santini Lav	v			
	(Firm/Company)		-	
1001 Bricke	ell Bay Drive, Suite 2650			
	(Address)		_	
Miami, FL 3	33131			
	(City/State and Zip Code)	•	-	
For further in	nformation concerning this matte	er, please call:		
Sean Santi	ni	305	372-7307	
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed ple	ease find a check made payable to g Fee		Pepartment of State for: Fee & Certified Copy	
	OURIER ADDRESS:		MAILING ADDRESS:	
Registration Division of C			Registration Section Division of Corporations	
Clifton Build	-		P.O. Box 6327	
2661 Execut	ive Center Circle Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	it appears on the records of the Florida Department
of State is: SOU	JTHEAST VETERINARY F	REFERRAL CENTER, LLC
2. The Florida docu	ument/registration number as	signed to this limited liability company is:
L0700001033	6	
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:
4. I. PEDRO ARMSTRONG		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MANAGER /	MEMBER	
<u>.</u>	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
	22	
Signature of Di	ssociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	