L11000114391

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2014

WILLIAM PIECHOCKI / BUAH, LLC 8282 SHADOWWOOD BLVD. CORAL SPRINGS, FL 33071 US

SUBJECT: BVAH LLC

Ref. Number: L11000114391

We have received your document for BVAH LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 514A00011952

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BIO VANCE ANIMAL HEALTH UC (BVAH) (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
William Prechocki
(Contact Person)
BVAH UC (Firm/Company)
(Firm/Company)
8282 SHADOWWOOD BLVD (Address)
Corre Springs FL 33071 (City/State and Zip Code)
For further information concerning this matter, please call:
War of Contact Person) at (954) 97/-2500 (Area Code & Daytime Telephone Number)
(The Code & Baytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Pi\$ \$\\$25\$ Filing Fee \$\Pi\$ \$\Pi\$ \$\\$55\$ Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

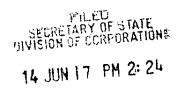
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 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	e limited liability company as	it appears on the record	ls of the Florida Department
of State is:		-	_ (BVAHLLC)
2. The Florida doc	cument/registration number as	ssigned to this limited li	ability company is:
_ 41100	00114391		
4. I, Draw (Print)	ember/manager withdrew/res Support Name of Person Resigning) Print Title)	igned or will withdraw/	resign is: <u>04/30/20</u> 14 /resign as a
of this limited lia resignation in w	ability company and affirm th	e limited liability comp	any has been notified of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)		