

B08000000036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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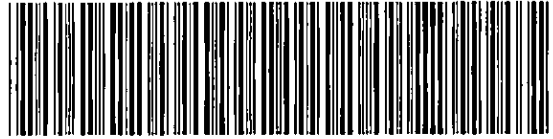
(Business Entity Name)

(Document Number)

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**DATE:** 9/19/18

**NAME:** VCA ACADEMY ANIMAL HOSPITAL, LP

**TYPE OF FILING:** CANCELLATION

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie + Hodge*

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**NOTICE OF CANCELLATION  
FOR  
FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

**VCA Academy Animal Hospital, LP**

(Name of foreign limited partnership or limited liability limited partnership)

**B08000000036**

(Florida Document Number of the Foreign LP or LLLP)

**Florida**

(Jurisdiction of formation)

**02/15/2008**

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

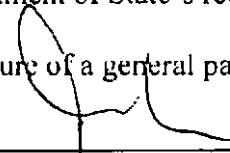
This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**NOTE:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

Tomas W. Fuller, Vice President of VCA Animal Hospitals, Inc.

<b>Filing Fee:</b>	<b>\$52.50</b>
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<b>Certificate of Status (optional):</b>	<b>\$8.75</b>