## F0500000157

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(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2010

JOE H. MCKENZIE WAKULLA COUNTY ANIMAL HOSPITAL, INC. 425 BUCKHALTER ROAD SAVANNAH, GA 31405

Ref. Number: F0500001157

We have received your document for and check(s) totaling \$52.50. However, your check(s) and document are being returned for the following:

PLEASE ACCEPT MY APOLOGIES FOR NOT HAVING NOTICED THAT THE ABOVE ENTITY IS AN OUT-OF-STATE CORPORATION, QUALIFIED IN FLORIDA. THE WRONG FORM HASBEEN SUBMITTED. A VOLUNTARY DISSOLUTION IS FOR A FLORIDA DOMESTIC CORPORATION. THE ABOVE ENTITY NEEDS TO WITHDRAW,

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

A foreign corporation authorized to transact business or conduct its affairs in Florida may withdraw its authority by completing the enclosed withdrawal application and submitting the appropriate fee.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen @bson Decument Specialist Supervisor

Letter Number: 610A00001149

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: (DISSolution OF CORP) Wakulla Cry Animal	
(Name of Corporation)	
DOCUMENT NUMBER: OF # FOSO 00 0 1157 40 South Vet Driver	<b>ት</b>
DOCUMENT NUMBER: DE F 10 300 5 00 3 1 AC JAMES TOURS	14(
The enclosed withdrawal application and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Patricia MKenzie	
(Name of Person)	
Wakula County Animal Hospital The (Firm/Company)	
(Firm/Company)	
425 Buckhaiter Rd	
(Address)	
Savannan GA 31405	
(City/State and Zip code)	
For further information concerning this matter, please call:	
$\rho_{\rm col}$	
(Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
MAILING ADDRESS: STREET ADDRESS:	
Amendment Section Amendment Section	
Division of Corporations  Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2 2661 Executive Center Circle	
Patrice C mcKenzic Tallahassee, FL 32301	
1 Change Veterinary Travestments LLC	
) Savaher Rd	
Patricia C McKenzie Tallahassee, FL 32301  Saukunah Veterineny Investments LLC  425 Buckhafter Rd  Carrangle GA 3(405)	
Correction (at 31405	

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Wakylla County Animal Hospital Inc
(Document Number of Corporation (if known)
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf an

appoints the Department of State as its agent for service of process based on a cause of action arise the during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

425 Buckhaster Rd	
(Mailing Address)	10 SE ALL
Savarnah GA 31405	JAN 2 CRETA AMAS
(City/ State /Zip)	28 / ARY ( SSEE
	PH 3
The corporation agrees to notify the Department of State in the future of any change in its mailin	g and its s. O.
Patricia C Mylenni 1/25/10	**
(Signature of a director, president or other officer (in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)	
Par and it	
Catricia C McKenzie Sec MEASU (Typed or printed name of person signing) (Title of person signing)	

**FILING FEE \$35** 

\* make Effective 12/31/09 IF possible mank you for