F10000005439

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NAME: VET WELLCARE, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Vet Wellcare, Inc) .	
	(Name of Corpor	ration)
DOCUMENT NUMBER: F10000	005639	
The enclosed withdrawal application and	I fee are submitted f	for filing.
Please return all correspondence concernin matter to the following:	g this	
Willie Dorssers		
	(Name of Person)
VIP PetCare, LLC		
	(Firm/Company)	
5813 Skylane Blvd.		
	(Address)	
Windsor, CA 95492) •	
(1	City/State and Zip c	ode)
For further information concerning this ma	tter, please call:	
Willie Dorssers	_{at (} 707	,620-2264
(Name of Person) Enclosed is a check for the amount:	(Area	Code & Daytime Telephone Number)
S35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing For Certified Copy (Additional cop Enclosed)	Certificate of Status & Certified
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301



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

Vet Wellcare, Inc.	
(Name of Corporation)	
F10000005639	•
(Document Number of Corporation (i	f known)
Delaware	
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting at voluntarily surrenders its authority to transact business or conduct a	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in	s based on a cause of action arising during
The following is a current mailing address for the corporation:	
5813 Skylane Blvd.	
(Mailing Address)	
Windsor, CA 95492	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the futu	re of any change in its mailing address.
Mu_	08/13/2014
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Willie Dorssers	Director of Finance
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35