

# FI6000005455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

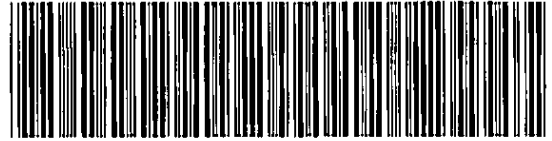
(Document Number)

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TALLAHASSEE, FLORIDA

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CLERK OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 09/27/23  
Order #: 1283703-2  
Re: Mixed Animal Veterinary Associates North America, Inc.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:  
Application for Certificate of Withdrawal

AUTH:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', written over a horizontal line.

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:  
I20000000195

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mixed Animal Veterinary Associates North America, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F16000005455

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cassandra A. Krikelis, Paralegal

(Name of Person)

Wiggin and Dana, LLP

(Firm/Company)

437 Madison Avenue, 35th Floor

(Address)

New York, New York 10022

(City/State and Zip code)

For further information concerning this matter, please call:

Cassandra A. Krikelis, Paralegal

at (212) 551-2616

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>Enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status & Certified<br>Copy (Additional copy is enclosed) |
|--|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Mixed Animal Veterinary Associates North America, Inc.

\_\_\_\_\_  
(Name of Corporation)

F16000005455

\_\_\_\_\_  
(Document Number of Corporation (if known))

Nevada - Date of Authorized to Transact Business in Florida on 12/09/2016

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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

The following is a current mailing address for the corporation:

One Gorham Island, Suite 300

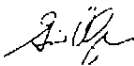
\_\_\_\_\_  
(Mailing Address)

Westport, Connecticut 06880

\_\_\_\_\_  
(City/ State /Zip)

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

September 27, 2023

\_\_\_\_\_  
(Date)

Gino Volpacchio

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**