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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALM BAY ANIMAL CLINIC, INC.

DOCUMENT NUMBER: F88587

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONALD R. CAST

(Name of Contact Person)

(Firm/Company)

12 HIGHLAND DRIVE

(Address)

INDIALANTIC, FL 32903

(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD R. CAST

(Name of Contact Person)

at (321) 724-0182

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified 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
Clifton Building
2661 Executive Center Circle
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