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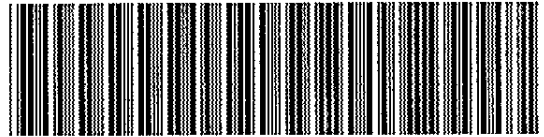
(Business Entity Name)

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EFFECTIVE DATE
12/31/02

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DIVISION OF CORPORATION

02 DEC 24 AM 10 26

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02 DEC 24 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE : 869962 86467A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : December 23, 2002

ORDER TIME : 4:22 PM

ORDER NO. : 869962-005

CUSTOMER NO: 86467A

CUSTOMER: Dale L. Price, Esq.
Price Price Prouty & Whitaker,
2400 Manatee Avenue West
Bradenton, FL 34205

DOMESTIC FILINGS

NAME: TWIN OAKS VETERINARY CLINIC,
INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney - EXT# 1116

EXAMINER'S INITIALS: _____

EFFECTIVE DATE
12/31/02

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SEAL OF THE STATE
TALLAHASSEE, FLORIDA

Articles of Dissolution of
Twin Oaks Veterinary Clinic, Inc.

1. The name of the corporation is Twin Oaks Veterinary Clinic, Inc.
2. Dissolution of the corporation was authorized by the Shareholders upon the recommendation of the Board of Directors on the 13th day of December, 2002.
3. The resolution was approved by all of the Shareholders of the corporation, same being Donald W. Williams and Barbara Williams.
4. There is only one class of Shareholders in the corporation. Wherefore this corporation shall be dissolved as of December 31, 2002.
5. Therefore, Twin Oaks Veterinary Clinic, Inc. shall be dissolved as of December 31, 2002.

Dated this 13th day of December, 2002.

Donald Williams
Donald Williams

Donald W. Williams, President, Director
and Shareholder

Barbara Williams

Barbara Williams, Secretary/Treasurer
Director and Shareholder

STATE OF FLORIDA

COUNTY OF MANATEE

I HEREBY CERTIFY that on this 16th day of December, A.D., 2002,
personally appeared Donald W. Williams and Barbara Williams, ^{WHO PRODUCED} ~~who are personally~~
^{FL. DR. LIC. AS IDENTIFICATION} ~~known to me~~, and known to me to be the persons described in and who subscribed

their names to the above foregoing Articles of Dissolution, and they acknowledged that they executed the same for the uses and purposes therein stated.

IN TESTIMONY WHEREOF, witness my hand and official seal in the County and State aforesaid the day and year above written.

Loraine Abarr
Notary Public - LORAIN ABARR

My Commission Expires: Oct 21, 2005

