

L01000002086

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2029265-1  
(Sub Account)

DATE: 6-29-01

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: ( ) ( ) ext ( )

CONTACT NAME:

CORPORATION NAME: Lake Worth Road Veterinary Clinic LLC  
File

DOCUMENT NUMBER: Dissolution plain copy back  
(if applicable)

AUTHORIZATION:

Cynthia J. Woodyard

☐ CERTIFIED COPY (1-9)  
☐ CERTIFICATE OF STATUS (1-9)  
☐ PLAIN STAMPED COPY

( ) Call When Ready ( ) Call if Problem ( ) After 4:00  
( ) Walk In ( ) Will Wait ( ) Pick Up  
( ) Mail Out

01 JUN 29 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 JUN 29 PM 12:35  
NOT ATTACHED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

800004451978--5

WB  
6-29-01

**ARTICLES OF DISSOLUTION**  
**FOR**  
**A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is Lake Worth Road Veterinary Clinic LLC

2. The effective date of the limited liability company's dissolution is upon filing

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

The limited liability company has not begun to transact business in the  
state of Florida nor will it at any time transact business in the state  
of Florida.

4. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

☒ There are no suits pending against the company in any court.  
-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution :

Signature

Typed or Printed name

\_\_\_\_\_  
\_\_\_\_\_  
*R. James Woloshyn*  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
By: National Veterinary  
Associates, Inc., Member  
\_\_\_\_\_  
By: R. James Woloshyn, authorized  
representative of Member  
\_\_\_\_\_  
\_\_\_\_\_

01 JUN 29 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**Filing Fee: \$25.00**