

LO1000013883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

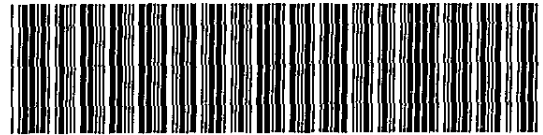
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
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Sept 12, 03  
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL PETS VETERINARY HOSPITAL, L.L.C.  
(Name of Corporation)

**DOCUMENT NUMBER:** L01000013883

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. LANNING FOX

(Name of Person)

FOX, WACKEEN, DUNGEY, SEELEY, ET AL

(Name of Firm/Company)

1100 S. FEDERAL HIGHWAY

(Address)

STUART, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

M. LANNING FOX

(Name of Person)

at ( 772 ) 287-4444

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



RECEIVED AUG 18 2003

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 14, 2003

M. LANNING FOX  
1100 S. FEDERAL HWY  
STUART, FL 34994

SUBJECT: ALL PETS VETERINARY HOSPITAL, L.L.C.  
Ref. Number: L01000013883

We have received your document for ALL PETS VETERINARY HOSPITAL, L.L.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned. —

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Document Specialist

Letter Number: 103A00046369

**FOX, WACKEEN, DUNGEY;  
SEELEY, SWEET, BEARD & SOBEL, L.L.P.**

Deborah B. Beard\*\*\*  
Richard J. Dungey\*  
M. Lanning Fox\*  
Michael J. McCluskey  
Jack M. Sobel\*\*  
Gary L. Sweet  
W. Thomas Wackeen\*\*

1100 S. Federal Highway  
P.O. Drawer 6  
Stuart, Florida 34995-0006  
(772) 287-4444  
Fax (772) 220-1489  
Jupiter (561) 744-6499  
Port St. Lucie (772) 878-3814  
[www.foxwackeen.com](http://www.foxwackeen.com)

Robert A. Goldman  
Shelly J. Stirva  
\*\*\*\*Frederik W. van Vonne  
Susann B. Wall  
Jennifer Alcorta Water

\*Board Certified Real Estate Lawyer  
\*\*Board Certified Civil Trial Lawyer  
\*\*\*Board Certified Marital & Family Lawyer  
\*\*\*\*Board Certified City, County & Local Government Lawyer

Of Counsel  
Aaron A. Foosaner  
Vicki J. Junod  
Robert L. Seeley

August 29, 2003

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

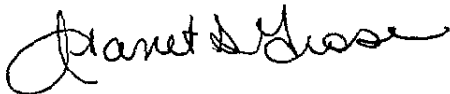
Re: Resignation of Registered Agent for All Pets Veterinary Hospital, LLC

To whom it may concern:

Enclosed please find a corrected form of Resignation of Registered Office/Agent, along with a copy of your letter dated August 14, 2003 notifying us of the wrong form that was used.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Janet S. Grose  
Legal Assistant  
Enclosures

cc: Michael V. Coughlan, DVM

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

FERNANDO M. GIACHINO

(Name of Registered Agent)

, hereby resigns as

Registered Agent for ALL PETS VETERINARY HOSPITAL, L.L.C.

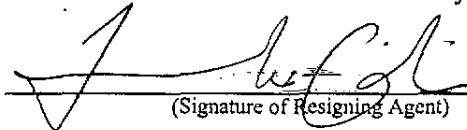
(Name of Limited Liability Company)

L01000013883

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

**FILED**  
03 SEP -5 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314