

L010000013883



Michael V. Coughlan
3188 SW Martin Downs Blvd
Palm City, FL 34990-2641

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

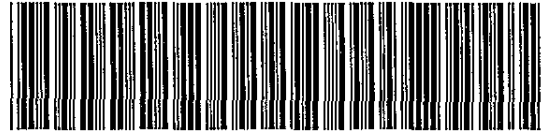
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 11, 2003

ALL PETS VETERINARY HOSPITAL, L.L.C.
3188 SW MARTIN DOWNS BLVD.
PALM CITY, FL 34990

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

SUBJECT: ALL PETS VETERINARY HOSPITAL, L.L.C.

Document #: L01000013883

Our records indicate the registered agent for the above named limited liability company resigned on September 5, 2003 and that the limited liability company currently does not have a registered agent designated.

Chapter 608, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Enclosed is a registered agent designation application for you to complete and return with filing fee of \$25.

Enclosed

If you should need any further information, please contact our office at (850) 245-6050.

Carol Mustain
Document Specialist

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: ALL Pets Veterinary Hospital/L
2. The mailing address of the limited liability company is: 3188 SW Martin Downs Blvd
Palm City FL 34990
September 15 2003 LO1000013883
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Resigned
Name
Address
City, State and Zip

6. The name and address of the new registered agent and/or office:

Dr. Michael V. Coughlan
Name
3188 SW Martin Downs Blvd
Florida street address (P.O. Box NOT acceptable)
Palm City FL 34990
City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Dr. Michael V. Coughlan
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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