

LO200000 3437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

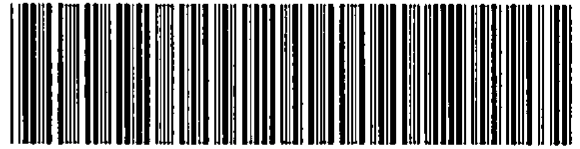
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03/23/20--01022--023 \*\*25.00

2020 MAR 23 AM 8:09  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION  
TALLAHASSEE, FL 32301

FILED

APR 06 2020  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VETMEDTEAM, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID TOLLON

(Name of Person)

(Firm/Company)

7785 OAKHURST ROAD

(Address)

SEMINOLE, FL 33776

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID TOLLON

(Name of Person)

727

871-1414

at ( )

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is  
VETMEDTEAM, LLC

2. The Articles of Organization were filed on 02/12/2002 and assigned  
document number L02000003437

3. The delayed effective date the dissolution if not effective on the date of filing: 03/18/2020  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ASSETS SOLD

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

David T. Tollon  
Signature

DAVID TOLLON  
Printed Name

**FILING FEE: \$25.00**

2020 MAR 23 AM 8:09  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 03-18-2020 BY 60322  
SP-1

FILED