

L030000030898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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PA Resign

FILED
10 SEP 27 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts SEP 29 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Beach Animal Hospital, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000030898

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christy Infiesta
Name of Person

Pet Medical Centers
Name of Firm/Company

19501 Biscayne Blvd., #400
Address

Aventura, Florida 33180
City/State and Zip Code

cinfiesta@turnberry.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Infiesta at (305) 914-8205
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Marsha Soffer

Name of Registered Agent

Registered Agent for Miami Beach Animal Hospital, LLC

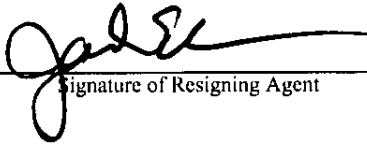
Name of Limited Liability Company

L03000030898

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:

Jack E. Karson

Typed or Printed Name

President

Capacity

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

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