

110000057307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

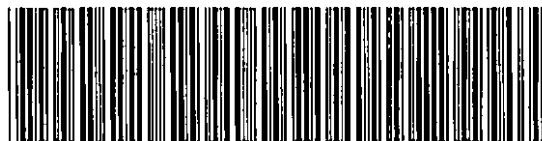
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100301647261

07/25/17--01018--010

FILED
JUL 25 AM 11:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 28 2017

CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPE VETERINARY PRACTICE LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CYNTHIA YOUNG DVM
Name of Person

CAPE VETERINARY PRACTICE
Firm/Company

1225 N2 8TH ST
Address

CAPE CORAL FL 33909
City/State and Zip Code

Cyoung5301@msn.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA YOUNG at (239) 574 8028
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: CAPE VETERINARY
PRACTICE LLC

SECOND: The Florida Document number of the limited liability company is: L10000057307

THIRD: The street address of the limited liability company's principal office is:

1225 NE 8TH STREET
CAPE CORAL FL 33909

The mailing address of the limited liability company's principal office is:

SAME AS ABOVE


FOURTH: The date the statement of authority became effective is: 7/24/17

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

CYNTHIA M YOUNG
(NOT JAMES HARWOOD WHO QUIT THE
PRACTICE 4/4/17 AND HAS NOT BEEN
BACK BUT IS DAMAGING THE PRACTICE)


Signature of authorized representative

CYNTHIA M. YOUNG
Typed or printed name of signature

✓ Filing Fee: \$25.00
✓ Certified Copy: \$30.00 (optional)

RECEIVED
17 JUL 25 AM 11:49
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA