

L11000037666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

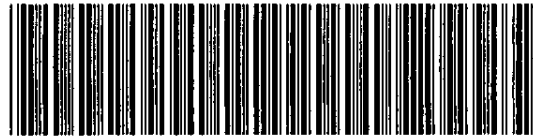
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600296408556

03/10/17--01020--008 **55.00

MAR 13 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32304
17 MAR 10 PM 2:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: You've Got A Friend Low Cost Veterinary
(Name of Limited Liability Company) Clinic, LLC

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

Please return all correspondence concerning this matter to the following:

Stacey Herwick
(Name of Person)

Personal Representative for Estate of Joyce
(Firm/Company) Aiderman

840 Angela Ave B
(Address)

Rockledge, FL 32955
(City/State and Zip Code)

For further information concerning this matter, please call:

Stacey Herwick at (727) 389-7688
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 10 PM 2:06

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/COURIER ADDRESS:

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

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

1. The name of a limited liability company is

You've Got A Friend Low Cost Veterinary
Clinic, LLC

2. The Articles of Organization were filed on 3/29/2011 and assigned

document number L110005037666

3. The delayed effective date the dissolution if not effective on the date of filing 01/01/2017
(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).

Joyce Alderman, Owner of YGF, died on
August 20, 2016. The business closed down
on that day. Property sold and business
dissolved in November 2016. Account in Probate.

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

Stacey Herwick
840 Angela Ave B
Rockledge FL 32955

17 MAR 10 PM 2:06

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Stacey Herwick
Signature

Stacey N Herwick
Printed Name

FILING FEE: \$25.00

IN THE CIRCUIT COURT OF FOR LAKE COUNTY, FLORIDA

IN RE: ESTATE OF

JOYCE B. ALDERMAN

File No.: 2018 CP 1460

Deceased.

Division Probate

NOTICE TO CREDITORS

The administration of the estate of Joyce B. Alderman, deceased, whose date of death was August 20, 2018, is pending in the Circuit Court for Lake County, Florida, Probate Division, the address of which is P.O. Box 7800, Tavares, Florida 32778-7800. The names and addresses of the personal representative and the personal representative's attorney are set forth below.

All creditors of the decedent and other persons having claims or demands against decedent's estate on whom a copy of this notice is required to be served must file their claims with this court ON OR BEFORE THE LATER OF 3 MONTHS AFTER THE TIME OF THE FIRST PUBLICATION OF THIS NOTICE OR 30 DAYS AFTER THE DATE OF SERVICE OF A COPY OF THIS NOTICE ON THEM.

All other creditors of the decedent and other persons having claims or demands against decedent's estate must file their claims with this court WITHIN 3 MONTHS AFTER THE DATE OF THE FIRST PUBLICATION OF THIS NOTICE.

ALL CLAIMS NOT FILED WITHIN THE TIME PERIODS SET FORTH IN SECTION 733.702 OF FLORIDA PROBATE CODE WILL BE FOREVER BARRED.

NOTWITHSTANDING THE TIME PERIODS SET FORTH ABOVE, ANY CLAIM FILED TWO (2) YEARS OR MORE AFTER THE DECEDENT'S DATE OF DEATH IS BARRED.

The date of first publication of this notice is October 20, 2018.

Attorney for Personal Representative:

Patrick L. Smith
Attorney
Florida Bar Number: 27044
179 N. US HWY 27
Suite F
Clermont, FL 34711
Telephone: (352) 241-8780
Fax: (352) 241-0220
E-Mail: PatrickSmith@attypip.com
Secondary E-Mail: becky@attypip.com

Personal Representative:

Stacey Nicole Henwick
640 Angela Ave.
Unit B
Rockledge, Florida 32955

nb-2-10-27

FILED
CLERK OF COURT
SEAL
17 MAR 10 PM 2:06

IN THE CIRCUIT COURT FOR LAKE COUNTY, FLORIDA

IN RE: ESTATE OF

JOYCE B. ALDERMAN

Deceased.

File No. 2016 CP 1469

Division Probate

2016 SEP 29 PM 12:46
CLERK OF CIRCUIT
AND COUNTY COURT
LAKE COUNTY
TALLAHASSEE, FLORIDA

LETTERS OF ADMINISTRATION
(single personal representative)

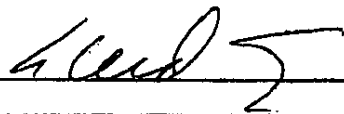
TO ALL WHOM IT MAY CONCERN

WHEREAS, Joyce B. Alderman, a resident of Lake County, Florida, died on August 20, 2016, owning assets in the State of Florida, and

WHEREAS, Stacey Nicole Herwick has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Stacey Nicole Herwick duly qualified under the laws of the State of Florida to act as personal representative of the estate of Joyce B. Alderman, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on September 29, 2016.



Circuit Judge



STATE OF FLORIDA, COUNTY OF LAKE
I HEREBY CERTIFY the above and foregoing
is a true copy of the document filed in this office.
Neil Kelly, Clerk of Circuit Court
By L. Dubner Deputy Clerk
Dated 10/3/16
This document may be redacted as required by law.

FILED
CLERK OF CIRCUIT
AND COUNTY COURT
LAKE COUNTY
TALLAHASSEE, FLORIDA
17 SEP 10 PM 2:06

IN THE CIRCUIT COURT FOR LAKE COUNTY, FLORIDA

IN RE: ESTATE OF

JOYCE B. ALDERMAN

Deceased.

File No. 2016 CP 1469 MJH

Division Probate

2016 SEP 29 PM 12:46
CLERK OF CIRCUIT
AND COUNTY COURT
LAKE COUNTY
FLORIDA

**ORDER APPOINTING PERSONAL REPRESENTATIVE
(intestate -- single)**

On the petition of Stacey Nicole Herwick for administration of the estate of Joyce B. Alderman, deceased, the court finding that the decedent died on August 20, 2016, and that Stacey Nicole Herwick is entitled to appointment as personal representative by reason of the surviving spouse has waived his right to serve and has consented to the appointment of the petitioner, and is qualified to be personal representative, it is

ADJUDGED that Stacey Nicole Herwick is appointed personal representative of the estate of the decedent, and that upon taking the prescribed oath, filing designation and acceptance of resident agent, and posting bond in the sum of \$ _____, letters of administration shall be issued.

ORDERED on September 29, 2016.

4Cord

Circuit Judge

17 MAR 10 PM 2:06

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF FLORIDA, COUNTY OF LAKE
I HEREBY CERTIFY the above and foregoing
is a true copy of the document filed in this office.
By Nell Kelly Deputy Clerk
Dated 10/3/16
This document may be redacted as required by law.

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2016127130

DATE ISSUED: August 26, 2016

DECEDENT INFORMATION

STATE FILE DATE: August 24, 2016

NAME: JOYCE BURGAN ALDERMAN

DATE OF DEATH: August 20, 2016

SEX: FEMALE SSN: 264-45-8969

AGE: 056 YEARS

DATE OF BIRTH: November 2, 1959

BIRTHPLACE: AUBURNDALE, FLORIDA, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 15328 SABLE AVENUE

LOCATION OF DEATH: GROVELAND, LAKE COUNTY, 34738

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: WILLIAM P ALDERMAN

RESIDENCE: 15328 SABLE AVENUE, GROVELAND, FLORIDA 34738, UNITED STATES COUNTY: LAKE

OCCUPATION/INDUSTRY: OWNER/OPERATOR, VET CLINIC

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian ☐ Japanese ☐ Korean
☐ American Indian or Alaskan Native--Tribe: ☐ Vietnamese ☐ Other Asian:
☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Is: ☐ Other: ☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: ASSOCIATE DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: OSCAR LEON BURGAN

MOTHER/PARENT: SARAH BRADEN

INFORMANT: WILLIAM P ALDERMAN

RELATIONSHIP TO DECEDENT: HUSBAND

INFORMANT'S ADDRESS: 15328 SABLE AVENUE, GROVELAND, FLORIDA 34738, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: METRO CREMATORY, INC
OCFEE, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: ALLEN STORMS, F045730

FUNERAL FACILITY: CREMATION CHOICES F054854
921 SOUTH US HIGHWAY 27, MINNEOLA, FLORIDA 34716

CERTIFIER INFORMATION

TYPE OF CERTIFIER: MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 160501139

TIME OF DEATH (24 hr): FOUND AT 0945

DATE CERTIFIED: August 24, 2016

CERTIFIER'S NAME: KYLE C SHAW

CERTIFIER'S LICENSE NUMBER: ME104622

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: ACCIDENT

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a DROWNING

b

c

d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? YES

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? NO

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

IF FEMALE, NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: UNKNOWN

TIME OF INJURY (24 hr): UNKNOWN

INJURY AT WORK? NO

FILED
STATE
SECRETARY OF
HEALTH
17 MAR 10 PM 2:06

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: WILLIAM P. ALDERMAN

RESIDENCE: 15328 SABLE AVENUE, GROVELAND, FLORIDA 34736, UNITED STATES

COUNTY: LAKE

OCCUPATION, INDUSTRY: OWNER/OPERATOR, VET CLINIC

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian ☐ Japanese ☐ Korean
☐ American Indian or Alaskan Native-Tribe ☐ Vietnamese ☐ Other Asian
☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Is. ☐ Other ☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: ASSOCIATE DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: OSCAR LEON BURGAN

MOTHER/PARENT: SARAH BRADEN

INFORMANT: WILLIAM P. ALDERMAN

RELATIONSHIP TO DECEDENT: HUSBAND

INFORMANT'S ADDRESS: 15328 SABLE AVENUE, GROVELAND, FLORIDA 34736, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATIONPLACE OF DISPOSITION: METRO CREMATORY, INC
OCOE, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: ALLEN STORMS, F045730

FUNERAL FACILITY: CREMATION CHOICES F054854

921 SOUTH US HIGHWAY 27, MINNEOLA, FLORIDA 34715

CERTIFIER INFORMATION

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AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? NO

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

IF FEMALE, NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: UNKNOWN

TIME OF INJURY (24 hr): UNKNOWN

INJURY AT WORK? NO

LOCATION OF INJURY: 15328 SABEL AVENUE, GROVELAND, FLORIDA 34736, UNITED STATES

DESCRIBE HOW INJURY OCCURRED:

Drowned self

PLACE OF INJURY: RESIDENCE

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:



State Registrar

REQ: 2017349760

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD



SEP 07 2016

VOID IF ALTERED OR ERASED



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Limited Liability Company

YOU'VE GOT A FRIEND LOW COST VETERINARY CLINIC, LLC

Filing Information

Document Number L11000037666
FEI/EIN Number 45-0976243
Date Filed 03/29/2011
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 05/09/2013

Principal Address

712 ANDERSON AVENUE
MASCOTTE, FL 34753

Changed: 04/12/2016

Mailing Address

P.O. BOX 332
GROVELAND, FL 34736

Registered Agent Name & Address

ALDERMAN, Joyce A, owner
15328 SABLE AVENUE
GROVELAND, FL 34736

Name Changed: 03/06/2014

Authorized Person(s) Detail

Name & Address

Title MGRM

ALDERMAN, JOYCE A
15328 SABLE AVENUE
GROVELAND, FL 34736

Annual Reports

Report Year	Filed Date
2014	03/06/2014
2015	02/12/2015

FILED
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
17 MAR 10 PM 2:06

3/7/2017

Detail by Entity Name

2016

04/12/2016

Document Images

<u>04/12/2016 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/12/2015 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/06/2014 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/09/2013 -- REINSTATEMENT</u>	View image in PDF format
<u>03/29/2011 -- Florida Limited Liability</u>	View image in PDF format

Florida Department of State, Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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