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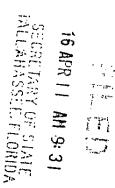
(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Cir	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
,			

Office Use Only



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APR 12 2016 J SHIVERS

COVER LETTER

Division of Corporations				
SUBJECT: Choice Veterinary Services, LLC (Name of Limited Liability Company)				
(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:				
Mak Ma-tella Esq. (Name of Person)				
Martella Law Firm, PL (Pirm/Company)				
14501 Mudock Cir., Suite 304				
Port Charlotte, FC 33948 (City/State and Zip Code)				
(Chyrstate and Zip Code)				
For further information concerning this matter, please call:				
Mark Martella at (941) 706-3700 (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytine Telephone Number)				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee and Certificate of Dissolution \$\infty\$ \$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	y is	
	Choice Veterinary Services, LLC		·
2.	The Articles of Organization were filed	d on May 20, 2011	_ and assigned
	document number L11000059735		
3.	The delayed effective date the dissoluti (effective date cannot be Note: If the date inserted in this block doe listed as the document's effective date on the state of the st	e prior to or more than 90 days later than date es not meet the applicable statutory filing	document is received for filing)
4.	A description of occurrence that resulte 605.0707, Florida Statutes, (copy 605.0)	ed in the limited liability company's d 1707 on back cover letter).	issolution pursuant to section
	All of the assets of the company were sold	d and it is no longer conducting business.	
			IG API
			SSS T
			1. S. H. S.
5.	If there are no members, enter the name activities and affairs:	e and address of the person appointed	to wind up the company's
		<u> </u>	
6. lis	Signature of an authorized person or if ted above to wind up the company's act	there are no members, the signature of tivities and affairs:	of the person appointed and
<i>-</i>	to the town	Randy Hitesman, Manag	ring Member
()	Signature		d Name
	,		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability	y Company: Choice Veterinary Services, LLC	
Document number of Lin	nited Liability Company is: L11000059735	
	March 15, 2016	

Description of information that must be included in a written claim:

Name and address of Claimant	200
Date product or service was provided	CRE AIL
Amount owed	\$300 T
Contact e-mail and phone number	
Account Number	9: 31 ORID

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Mark Martella, Esq	
18501 Murdock Circle	
Suite 304	
Port Charlotte, FL 33948	

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Randy Hitesman

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00