

L1000114136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

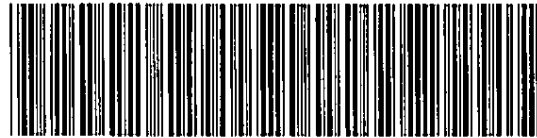
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/26/18--01010--016 **55.00

18 JAN 26 PM 2:49
U.S. DEPT OF STATE
WASHINGTON, D.C.
U.S. AIR FORCE
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U.S. COAST GUARD
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U.S. AIR FORCE
U.S. NAVY
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U.S. COAST GUARD
U.S. ARMY

JAN 29 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAIL VETERINARY SERVICES PLLC
(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:

ANGELA CAIL DVM

(Name of Person)

(Firm/Company)

6580 69TH STREET

(Address)

VERO BEACH FL 32967

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELA CAIL

(Name of Person)

at (

321 258-2727

) (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/COURIER ADDRESS:

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

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 Company: CAIL VETERINARY SERVICES PLLC

Document number of Limited Liability Company is: L11000114136

Date of dissolution was: 12/31/2017

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

CLOSED BUSINESS AT 3255 BAYSIDE LAKES BLVD
PALM BAY FLORIDA 32909


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

6580 69TH STREET
VERO BEACH, FL 32967

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.

ANGELA CAIL DVM

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

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

1. The name of a limited liability company is
CAIL VETERINARY SERVICES PLLC

2. The Articles of Organization were filed on 10/05/2011 and assigned
document number L11000114136

3. The delayed effective date the dissolution if not effective on the date of filing: 09/28/2011
(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).
CLOSED THE BUSINESS ON BAYSIDE LAKES BLVD, PLAM BAY FL

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:


Signature

ANGELA CAIL DVM
Printed Name

FILING FEE: \$25.00

FILED
18 JAN 26 PM 2:49
CLERK OF COURT
STATE OF FLORIDA