

L11000114391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

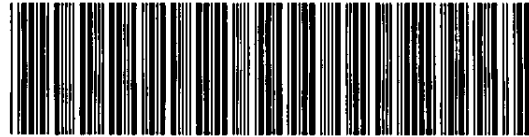
(Business Entity Name)

(Document Number)

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C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2014

WILLIAM PIECHOCKI
BVAH LLC
8282 SHADOW WOOD BLVD.
CORAL SPRINGS, FL 33071

SUBJECT: BVAH LLC
Ref. Number: L11000114391

We have received your document for BVAH LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 514A00012168

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIOVANCE ANIMAL HEALTH LLC (BVAH LLC)
Name of Limited Liability Company

DOCUMENT NUMBER: L11000114391

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:

WILLIAM PIECHOCKI
Name of Person

BIOVANCE ANIMAL HEALTH LLC (BVAH LLC)
Name of Firm/Company

8282 SHADOWWOOD BLVD
Address

CORAL SPRINGS, FL 33071
City/State and Zip Code

N/A
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM PIECHOCKI at (954) 971-2500
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DIANE SUOOUTH, hereby resigns as
Name of Registered Agent

Registered Agent for BIOVANCE ANIMAL HEALTH LLC
(BVAH LLC)
Name of Limited Liability Company

L 11000114391
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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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14 JUL -3 AM 8:44