L12000098146

| (Req | uestor's Name) | |
|---|------------------|-------------|
| (Address) | | |
| (Add | ress) | |
| (City. | /State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
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Office Use Only



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CR2E079 (2/14)

COVER LETTER

| TO: Registration Section | | |
|---|-------------------|---|
| Division of Corporations | | |
| SUBJECT: Jupiter Vets-R-Us LLC | | |
| (Name of Limit | ted Liability Cor | mpany) |
| The enclosed member, resignation or dissocia | tion and fee(| s) are submitted for filing. |
| Please return all correspondence concerning to | his matter to: | |
| Dr. Carmen Colitz | | _ |
| (Contact Person) | | _ |
| Jupiter Pet Emergency & Specialty Center | er e | |
| (Firm/Company) | | _ |
| 300 South Central Blvd, Suite A | | _ |
| (Address) | | _ |
| Jupiter, Florida 33458 | | |
| (City/State and Zip Code) | | - |
| For further information concerning this matter | r, please call: | |
| Ellen D'Arcangelo | 561 | 262-8265 |
| (Name of Contact Person) | · - | & Daytime Telephone Number) |
| Enclosed please find a check made payable to ■ \$25 Filing Fee | | Department of State for: g Fee & Certified Copy |
| STREET/COURIER ADDRESS: | | MAILING ADDRESS: |
| Registration Section Division of Corporations | | Registration Section Division of Corporations |
| Clifton Building | | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | | Tallahassee, Florida 32314 |



FILED
2015 JUL 24 PM 2: 26
SECRETARO DI STATE
TALLAHASSEE, FI ORIGA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the limited liability of State is: | ompany as it appears on the records of the Florida Department |
|--|---|
| 2. The Florida document/registration L12000098146 | number assigned to this limited liability company is: |
| 3. The date this member/manager wit 4. I, Rachel Thauberger (Print Name of Person Resign | hdrew/resigned or will withdraw/resign is: July 20, 2015, hereby withdraw/resign as a |
| Manager (Print Title) | |
| resignation in writing. | affirm the limited liability company has been notified of my |
| Signature of Dissociating Member | |

Certified Copy:

\$30.00 (Optional)