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SECRETARY OF STATES

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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Veterinary Hospital Websites, LLC		
(Name of Limited Lia	ibility Company)	
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to:	
Michael A. Yager		
(Contact Person)		
Florida Fashion Theatre, LLC		
(Firm/Company)		
11567 Blackmoor Drive		
(Address)		
Orlando, Florida 32837		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Michael A. Yager 4	07 497-0744	
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\begin{align*} \text{ \$\text{25} Filing Fee} \text{ \$\text{Certified Copy}} \end{align*}		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

CR2E079 (2/14)



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)

	ed liability company as it appears on the records of the Florida Department Hospital Websites, LLC
2. The Florida document/ L13000058840	registration number assigned to this limited liability company is:
3. The date this member/s	manager withdrew/resigned or will withdraw/resign is:
	, hereby withdraw/resign as a Person Resigning)
Manager	
resignation in writing.	company and affirm the limited liability company has been notified of my
Filing Fee: \$2	5.00 (Required)

Certified Copy:

\$30.00 (Optional)