

L13 000160040

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

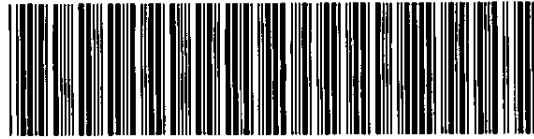
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2013

YANRU ZHAO  
9700 W HWY 318  
REDDICK, FL 32686

SUBJECT: INSTITUTE OF INTEGRATIVE VETERINARY MEDICINE, LLC  
Ref. Number: L13000160040

We have received your document for INSTITUTE OF INTEGRATIVE VETERINARY MEDICINE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 713A00027601

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Institute of Integrative Veterinary Medicine, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yanru zhao

Name of Person

Institute of Integrative Veterinary Medicine, LLC

Firm/Company

9700 West Highway 318

Address

Reddick, FL 32686

City/State and Zip Code

yanru@tevm.com

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

For further information concerning this matter, please call:

Yanru zhao

Name of Person

at ( 352 591-2141 )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & 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

Institute of Integrative Veterinary Medicine, LLC

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated

December 11, 2013

Yanna Zhao

Signature of a member or authorized representative of a member

VP & Secretary

Typed or printed name of signee

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Filing Fee: \$25.00

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