

L14000021374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

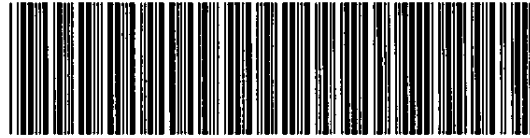
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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900269720279

02/23/15--01023--008 \*\*25.00

FILED  
15 MAR 16 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 MAR 16 10:28:15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Animal Emergency of Venice LLC  
(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:

Anne Chauvet  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

6423 White Sands Ter  
(Address)

Sarasota FL 34231  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr Chauvet at ( 941 ) 400 7177  
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2015

*chauvet -*  
X ANNE CHUVET  
6423 WHITE SANDS TERR  
SARASOTA, FL 34231

SUBJECT: ANIMAL EMERGENCY OF VENICE LLC  
Ref. Number: L14000021374

RECEIVED  
15 MAR 16 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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

X The effective date must be specific and cannot be prior to the date of filing. *Date changed*  
*hoping you receive by then.*  
Please return 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.

Tim Burch  
Regulatory Specialist II

Letter Number: 415A00004447

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Animal Emergency of Venice LLC

2. The Articles of Organization were filed on 2/6/2014 and assigned

document number L14000021374

3. The delayed effective date the dissolution if not effective on the date of filing: March 17, 2015 ~~December 21, 2015~~ <sup>fe</sup>  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

The business never opened its doors due to  
landlord rental error (rented a septic tank  
locale to a veterinary clinic).

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Anne Chauvet  
6423 White Sands Ter  
Sarasota FL 34231

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

2-5-15  
Printed Name

FILING FEE: \$25.00

## 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: Animal Emergency of Venice LLC

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: 12-31-14 - changed to 3-17-15 per guidelines of form. Thank you. R

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

Dissolution.

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

6423 White Sands Ter

Sarasota FL 34231

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.

Anne Chauvet

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**