

L14000060049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

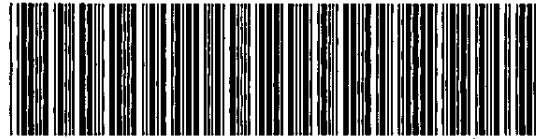
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Accel Equine Dental and Animal Wellness, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Soraya V. Juarbe-Diaz

(Contact Person)

Accel Equine Dental and Animal Wellness, LLC

(Firm/Company)

18972 Duquesne Dr.

(Address)

Tampa, FL 33647

(City/State and Zip Code)

For further information concerning this matter, please call:

Soraya V Juarbe-Diaz

(Name of Contact Person)

at 813 919-8683

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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)

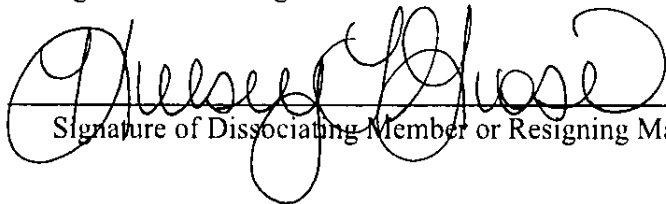
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Accel Equine Dental and Animal Wellness, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000060049

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 20 DEC 2016

4. I, Kelsey Lee Grose, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
authorized managing member  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

16 DEC 27 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)