

09/09/2021 4:08PM FAX 7274435829  
9/9/21, 5:13 PM

GASSMAN, CROTTY & DENICOLA  
Division of Corporations

00001/0003

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000335860 3)))



H210003358603ABC

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLA, P.A.  
Account Number : 075350000514  
Phone : (727)442-1200  
Fax Number : (727)443-5829

**LLC DISSOLUTION OR WITHDRAWAL**  
**CAPESILVER VETERINARY CONSULTING, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

STATE  
TALLAHASSEE, FLORIDA

2021 SEP 10 PM 1:04

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2021 SEP 10 AM 8:29

STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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UH

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

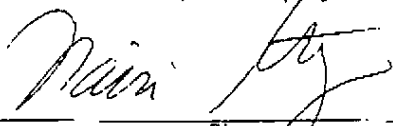
1. The name of a limited liability company is CAPESILVER VETERINARY CONSULTING, L.L.C.
2. The Articles of Organization were filed on 01/02/2018 and assigned  
document number L18000000752
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.
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 consent of all the members

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

MAIRIM GERSHOLLOWITZ

\_\_\_\_\_  
Printed Name

FILED  
2021 SEP 10 PM 1:00  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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: CAPE SILVER VETERINARY CONSULTING, L.L.C.

Document number of Limited Liability Company is: L18000000752

Date of dissolution was: 9/9/21

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

Reasonable description of the claim, amount claimed, mailing address, and any deadlines.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

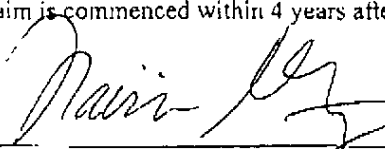
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1245 COURT STREET, CLEARWATER FLORIDA 33756

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2021 SEP 10 PM 1:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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.

  
\_\_\_\_\_  
Printed Name of the Person Filing

MAIRIM GERSHLOWITZ

\_\_\_\_\_  
Signature of the Person Filing