Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL BIOTECH VET INTERNATIONAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

H21000454855

	sistration Section rision of Corporations					
SUBJECT:	Biotech Vet International LLC					
GODGLET.	(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:				
	Christopher Sveen					
(Name of Person)						
	Biotech Laboratories USA LLC					
(Firm/Company)						
3760 Rocky Mountain Avenue						
	(Address)					
	Loveland, Colorado 80538					
	(City/Sta	te and Zip Code)				
For further in	nformation concerning this matter, please call:					
Chi	ristopher Sveen	1-800 464.3752 ext. 4127				
	(Name of Person)	at () (Area Code & Daytime Telephone Number)				
Enclosed is a	check for the following amount:					
≡ \$ 25	6.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
Ма	illing Address:	Street Address;				
Re	gistration Section	Registration Section				
	vision of Corporations	Division of Corporations				
	D. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
1 8	llahassee, FL 32314	Tallahassee, FL 32303				

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Biotech Vet International LLC) DEC		
2.	The Articles of Organization were filed on M	farch 6, 2018 and assigned	<u></u>		
	document number L18000056107		AM 10: 17		
3.	The delayed effective date the dissolution if (effective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the Do	to or more than 90 days later than date document is received for fili meet the applicable statutory filing requirements, this date wi	ng)		
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 sole member of the limited liability con	npany has consented to the dissolution.			
5.		address of the person appointed to wind up the company			
	activities and affairs:				
6. ab	Signature of an authorized person or if there sove to wind up the company's activities and a	are no members, the signature of the person appointed a affairs:	ind listed		
	sulfigned by:				
	ristopher Sween 112448BAIF4BE-	Christopher Sveen, manager of the company's sole	member		
	Signature	Printed Name			

FILING FEE: \$25.00