# L18 000 150104

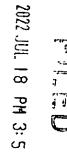
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
<b>,</b>
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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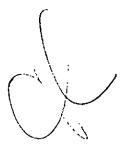
Office Use Only



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#### **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: UETERAY AROTHECANY LLC (Name of Corporation)			
DOCUMENT NUMBER: L 15000 15014			
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	ed for fi	ling.	
Please return all correspondence concerning this matter to the following:			
GEONGE BOWE			
(Name of Person)			
	<del>-</del>	<b>2</b> 022	
(Name of Firm/Company)			, ~; <del>~</del>
(112 MICCPORD CTO (Address)	HAS	2022 JUL 18 PM 3:51	
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OSPREY, FL 34229		မှာ ဟ	
(City/State and Zip Code)	• •	_	
For further information concerning this matter, please call:			
(Name of Person) at ()  (Area Code & Daytime Telephone No)	umber)		
(Name of Person) (Area Code & Daytime Telephone No			

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, (Name of Registered Agent)	
(Name of Registered Agent)	
hereby resigns as Registered Agent for VETERAY A POTHECARY LLC (Name of Corporation)	
(Name of Corporation)	
L1800150104	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	
GERNER BORNE	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
(Capacity)  (Typed or Printed Name)  (Capacity)	
(Typed or Printed Name)	, <u>1</u>
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(Capacity)	
TIT I	

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314