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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : OLDER LUNDY & ALVAREZ

Account Number : I20190000084 Phone : (813)254-8998 Fax Number : (813)839-4411

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	phuszar@vetcorservices.com

LLC REGISTERED AGENT RESIGNATION TEAM VETCOR LLC

Certificate of Status	0
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To:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Team Vetcor LLC	
DOCUMENT NUMBER: L19000084196	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
David B. Singer	
Name of Person	
Older, Lundy, Koch & Martino Name of Firm/Company	
1000 W. Cass Street	
Address	
Tampa, FL 33606 City/State and Zip Code	
dsinger@olderlundylaw.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
David B. Singer at (813) Name of Person Area Code	254-8998 Daytime Telephone Number
Name of reison Mea Code	Daytine receptione istunder
Enclosed is a check made payable to the Florida Department	of State for \$85.00 for an active limited

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Street Address:

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

Page: 4 of 4

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60:	5.0115, Florida Statutes,	the undersigned.	
David B. Singer, Older, Lundy, Ko	eh & Martino	, hereby resigns as	
Name of Registere	ed Agent		
Registered Agent for			
Team Vetcor LLC			
Name	of Limited Liability Compan	y	
L19000084196			
Document Number, if known			
A copy of this resignation was mailed to	the above listed limited	liability company at its last known	address.
The agency is terminated and the office	Signature of Resignir	5	ement is thed.
If signing on behalf of an entity:			
	Typed or Printed Name	·	2024 SC:
	Capacity		<u> </u>
FIL S 85 S 25	ING FEES: 5.00 Active limited lis 5.00 Administratively	ability company / dissolved/ voluntarily dissolved/	WIII 1

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

withdrawn limited liability company