

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L19000107030

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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
VETCOR FRANCHISING LLC**

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Help

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vetcor Franchising LLC

DOCUMENT NUMBER: L19000107030

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the 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) 254-8998
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

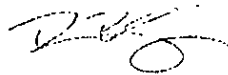
David B. Singer, Older, Lundy, Koch & Martino, hereby resigns as
Name of Registered Agent

Registered Agent for
Vetcor Franchising LLC
Name of Limited Liability Company

L19000107030
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 discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2024 SEP 13 PM 1:31

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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