

# L19000195700

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : OLDER LUNDY & ALVAREZ  
Account Number : I201900000084  
Phone : (813)254-8998  
Fax Number : (813)839-4411

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Email Address: phuszar@vetconservices.com

LLC REGISTERED AGENT RESIGNATION  
VETCOR QUARTERMASTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

M. SOLOMON  
SEP 16 2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vetcor Quartermaster LLC

**DOCUMENT NUMBER:** L19000195700

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@olderlundy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David B. Singer

Name of Person

at ( 813 ) 254-8998

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 TALLAHASSEE, FL

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

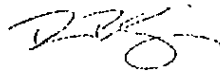
David B. Singer, Older, Lundy, Koch & Martino, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_  
Vetcor Quartermaster LLC  
Name of Limited Liability Company

L19000195700  
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

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**TALLAHASSEE, FL**

### 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