Τo.

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : OLDER LUNDY & ALVAREZ

Account Number : 120190000084 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

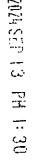
LLC REGISTERED AGENT RESIGNATION VETCOR INTELLIGENCE LLC

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To:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Vetcor Intelligence LLC	
DOCUMENT NUMBER: 1.19000217716	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitt for filing.	ed
Please return all correspondence concerning this matter to the following:	
David B. Singer Name of Person	
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	ł

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

To:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115, Florida Statutes.	, the undersigned,	
David B. Singer, Ok	ler, Lundy, Koch & Martino	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	and the second s	*	
Vetcor Intelliger	ace LLC		
	Name of Limited Liability Compar	ıy	
L19000217716			
Document Nun	iber, if known		
A copy of this resignation	was mailed to the above listed limited	I liability company at its last know	n address.
The agency is terminated	and the office discontinued on the 31s		tatement is filed.
If signing on behalf of an	entity:		
			262
-	Typed or Printed Name		2024 S.T.
-	Capacity		- Ω - Ω - PH
	FILING FEES: \$ 85.00 Active limited li	iability company v dissolved/voluntarity dissolved	. ω

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

withdrawn limited liability company