

L19000265027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

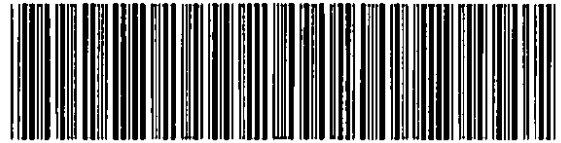
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
JAN 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

PINES ANIMAL HOSPITAL LLC

SUBJECT: _____
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CHRISTIANO VIOTTI

(Contact Person)

PINES ANIMAL HOSPITAL LLC

(Firm/Company)

304 INDIAN TRACE STE 912

(Address)

WESTON, FL - 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTIANO VIOTTI

954

860-9024

at (_____) _____

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2019 DEC 26 PM 5:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
PINES ANIMAL HOSPITAL LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
119000265027

11/25/2019

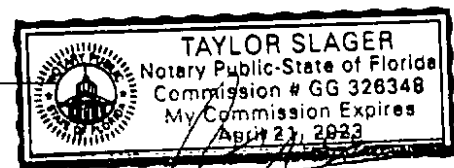
3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
GLOBAL VETERINARY PARTNERS LLC

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Signature of Dissociating Member or Resigning Manager



Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)