

h20000043172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

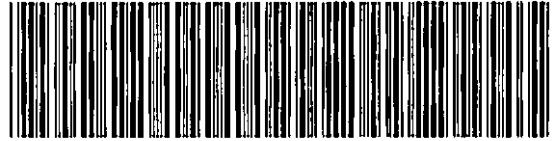
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/07/21--01004--017 \*\*25.00

FILED

2021 MAY -7 PM 12:25

U.S. DEPARTMENT OF THE TREASURY

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w/notice

JUN 22 2021

I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tower Veterinary Clinic of South Tampa, L.L.C.  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip K. Clarke, Esq.

\_\_\_\_\_  
(Name of Person)

Kass Shuler, P.A.

\_\_\_\_\_  
(Firm/Company)

P.O. Box 800

\_\_\_\_\_  
(Address)

Tampa, FL 33601-0800

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Philip K. Clarke

\_\_\_\_\_  
(Name of Person)

813

229-0900 X1305

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Tower Veterinary Clinic of South Tampa, LLC

2. The Articles of Organization were filed on February 6, 2020 and assigned  
document number L20000043172

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Unanimous Consent of Members

Unanimous Consent of Members

Unanimous Consent of Members

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:



Signature

George Conda

Printed Name

**FILING FEE: \$25.00**

2021 MAY -7 PM 12:25  
FILED

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Tower Veterinary Clinic of South Tampa, LLC

Document number of Limited Liability Company is: L20000043172

Date of dissolution was: 5/7/2021

Description of information that must be included in a written claim:

Detailed description of claim, parties, dates, facts giving rise to claim, copies of all documents or agreements upon which claim is premised.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Philip K. Clarke, Esq.  
Kass Shuler, P.A.  
P.O. Box 800  
Tampa, FL 33601-0800

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

George Conda

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**