

L23000256214

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : SMALL BUSINESS CENTER LLC
Account Number : I20200000183
Phone : (305)302-7500
Fax Number : (305)207-0950

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: animallovepetdentalweb@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANIMAL LOVE PET DENTAL USA LLC

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE

T. LEMIEUX

RECEIVED

2024 AUG -2 PM 3:16

DIVISION OF CORPORATIONS

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: ANIMAL LOVE PET DENTAL USA LLC

(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:

CLAUDIA LLANA TUR

(Contact Person)

N/A

(Firm/Company)

21715 SW 120 AVE

(Address)

MIAMI, FL 33170

(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIA LLANA TUR

(Name of Contact Person)

at (786) 280-2372
(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 S10
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**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 of State is: ANIMAL LOVE PET DENTAL USA LLC

2. The Florida document/registration number assigned to this limited liability company is:
L23000256214

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/01/2024

4. I, CLAUDIA LLANA TUR, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM

(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)

FILED
2024 AUG 02 AM 10:00
DIVISION OF STATE

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