

L24000165314

(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:

J. HORNE  
MAY 22 2024

Office Use Only



100429163031

05/02/24--01035--004 \*\*25.00

FILED  
2024 MAY 22 PM 12:38  
CLERK OF COURT  
JANET L. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Midtown Vet Clinic LLC  
(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:

Andrea Braha

(Name of Person)

Midtown Vet Clinic LLC

(Firm/Company)

5020 Cedar Leaf Circle Unit 123

(Address)

Palmetto FL 34221

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Braha

(Name of Person)

at ( 239 ) 980-4845

(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

FILED  
2024 MAY 12 PM 12:39  
TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

1. The name of a limited liability company is

Midtown Vet Clinic LLC

2. The Articles of Organization were filed on April 8, 2024 and assigned

document number L24000165314

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).

Registered agent (Wanita Rodriguez) had a change  
in life circumstances which will not permit for  
starting a business at this time.

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

5020 Cedar Leaf Cir Unit 123

Palmetto FL

34221

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:

Andrea Braha  
Signature

Andrea Braha  
Printed Name

FILING FEE: \$25.00