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| (Requestor's Name) | |
| (Address) | |
| (Address) | |
| · (valuess) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Dusiness Entry Name) | |
| (Document Number) | 6 |
| Certified Copies Certificates of Status ' | 25 |
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PAGE 01/02

9122322600 2456897 COVER LETTER TO: Registration Section Division of Corporations Dear Sir or Madam: The enclosed withdrawal and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Buckharker Rd (Address) For further information concerning this matter, please call: STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

Tallahassee, Florida 32301

Enclosed is a check for the following amount:

| \$25 Filing Fee | S30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | S60 Filing Fee, Certificate of Status & Certified Copy |
|-----------------|--|----------------------------------|--|
| | | | Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

| Savannah Veterinary Threstments LLC | | | |
|---|----------------------|-----------|-------|
| (Name of limited liability company) | | ~ | |
| Georgia | | | |
| (Jurisdiction of its organization) | | | |
| This limited liability company is no longer transacting business in Florida and surrauthority to transact business in this state. | renders | its | |
| This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process because of action arising during the time it was authorized to transact business in Florida. | service o ased on | on 1 a | · |
| 425 Buckhalter Rd (Mailing address) | | • | ٠. |
| Savannah QA 31405 (City/State/Zip) | · | | |
| The limited liability company agrees to notify the Department of State in the future change in its mailing address. | ire of a | ny | |
| (Signature of member or authorized representative of a member) | SECRET FALLAHA | 10 JAN | |
| Patricia C McKenzie | ARY O | 28 PH | FILED |
| (Typed or printed name of signee) | F ST | بب | |

Filing Fee: \$25.00