

M14000005992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

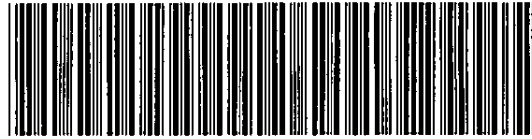
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 AUG 15 AM 10:56
2016 AUG 15 A 8:52
CLERK OF STATE
TAMPA, FLORIDA

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Date: 08/15/2016

Account # I20000000088

Name: Michelle Walker

Reference #: M082308

ENTITY NAME: PAWSPLUS HOSPITALS, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

Authorized Amount: \$25

Signature: Michelle Walker

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301

Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

E-Mail: info@nationalcorp.com Website: www.nationalcorp.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAWSPLUS HOSPITALS, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darcy Pecoraro

(Name of Person)

VIP Petcare

(Firm/Company)

5813 Skylane Blvd

(Address)

Windsor, CA 95492

(City/State and Zip Code)

For further information concerning this matter, please call:

Ken Pecoraro

(Name of Person)

at (707)

620.2236

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PAWSPLUS HOSPITALS, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

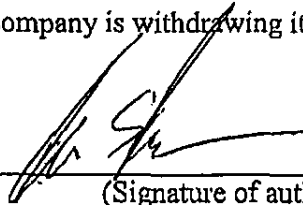
08/20/2014

(Date registered with Florida Department of State)

M14000005992

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Ken Pecoraro

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2014 AUG 15 A 8:52
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TALLAHASSEE, FLORIDA