M17 00000417Z

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filling Officers
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Andy's Vet LLC	
(Name of Lim	nited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Kimberly Kirkbride	
(Contact Person)	
(Firm/Company)	
4588 Stevie Ave SW	
(Address)	
Massillon, Ohio 44646	
(City/State and Zip Code)	
For further information concerning this matte	er, please call;
Kimberly Kirkbride	at (330 704-4447
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: State for: Comparison of State for: Discretely a state of State for:
STREET/COURIER ADDRESS:	MAILING ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

of State is: Andy's Vet LLC	
2. The Florida document/registration number a M17000004172	ssigned to this limited liability company is:
8. The date this member/manager withdrew/res	signed or will withdraw/resign is: 8/2/2019
Missah sular Minkhaid .	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
Treasurer	
(Print Title)	
of this limited liability company and affirm the resignation in writing.	ne limited liability company has been notified of my
Signature of Dissociating Member or Resig	
Signature of Dissociating Member or Resig	ning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)