# MT0000A 172

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

19 NOV 25 PM 9: 85

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(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:

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

CR2E079 (2/14)





### 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 nam	ne of the limited liability company as i	t appears on the records of the Florida Department
of State i	is:Andy's Vet LLC	
2. The Flor	ida document/registration number ass	signed to this limited liability company is:
M170	000004172	<del></del> ·
3. The date	this member/manager withdrew/resig	gned or will withdraw/resign is: 9/27/2019
4. I. Robe	ert Kintigh	. hereby withdraw/resign as a
	(Print Name of Person Resigning)	
	Chief Information Officer	
<del>-</del> .	(Print Title)	
	nited liability company and affirm the on in writing.	limited liability company has been notified of my
Les also	A Vine Mad	
Signatu	ire of Dissociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy: \$30.00 (Optional)