

M17 0000 10/97

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

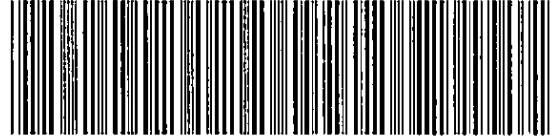
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 27 2024

Office Use Only



300432334743

FILED
2024 AUG 26 AM 10:10
STATE
MICHIGAN

RECEIVED
2024 AUG 26 PM 1:24
VALLANASSERY LOND

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/26/2024

Acc#I20160000072

en: c D/H

Name:	Vetcor Of Port St. Lucie LLC
Document #:	
Order #:	15836477

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

VetCor of Port St. Lucie LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

12/4/2017

(Date registered with Florida Department of State)

M17000010197

(Florida Document Number)

FILED
2024 AUG 26 AM 10:10
STATE OF FLORIDA
CLERK OF THE COURT

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.

Peter R. DeFeo

(Signature of authorized representative)

Peter R. DeFeo

(Typed or printed name of signee)

Filing Fee: \$25.00