r	Electronic Filing Co		
	Please print this page and use it as a er (shown below) on the top and botto		
	(((H1900024493	81 3)))	
	page. Doing so will generate a	another cover sheet.	
r 	To: Division of Corporation	ons	
r <u></u>	To: Division of Corporati Fax Number : (850 From: Account Name : CAPI Account Number : 1201 Phone : (855	ons)617-6383 TOL SERVICES, INC.	-curver MT - mo
r <u></u>	To: Division of Corporati- Fax Number : (850 From: Account Name : CAPI Account Number : 12C1 Phone : (855 Fax Number : (800 LLC DISSOLUTION OR	ons)617-6383 TOL SERVICES, INC. 60000017)498-5500)432-3622 WITHDRAWAL	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	To: Division of Corporati- Fax Number : (850 From: Account Name : CAPI Account Number : 12C1 Phone : (855 Fax Number : (800 LLC DISSOLUTION OR VETIQ STAFFIN	ons)617-6383 TOL SERVICES, INC. 60000017)498-5500)432-3622 WITHDRAWAL NG, LLC	
TO AUG THE COULD BE SECRETARY DE COUL ANASSET COULANASSET COULANAS	To: Division of Corporati- Fax Number : (850 From: Account Name : CAPI Account Number : 12C1 Phone : (855 Fax Number : (800 LLC DISSOLUTION OR	ons)617-6383 TOL SERVICES, INC. 60000017)498-5500)432-3622 WITHDRAWAL	

K. SALY AUG 19 2019

Taylor Seay 8004323622

(03/03) 08/16/2019 01:5319000244981 3

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

VetiQ Staffing, LLC	19 1 61	
(Name of limited liability company)		
Delaware	5 6) 575
(Jurisdiction of its organization)	AT I	Ċ
July 5, 2018 (Date registered with Florida Department of State)		
M18000006198	24	
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in	a this state.	
n 00 selve Teste 16 steasteas the data of filings	(ontional)	

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.

of authorized representative) natur or printed panic of signee)

Filing Fee: \$25.00