

P04 0000 62085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

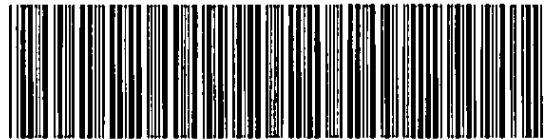
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900369830309

07/15/21 -01011 -001 4:39 PM

FILED
2021 JUL 15 PM 4:39
CLERK OF COURT
JUL 15 2021

CD/RES

AUG 02 2021

ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

VETERINARY SALES & SERVICE, INC.

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: PO4000062085 _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAPHAEL BLOOM

(Name of Person)

VETERINARY SALES & SERVICE, INC.

(Name of Firm/Company)

7861 SW ELLIPSE WAY, ~~STUART, FL 34997~~

(Address)

STUART FL 34987
(City/State and Zip Code)

For further information concerning this matter, please call:

RAPHAEL BLOOM 561 670-8676

(Name of Person) at (_____) _____
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

RAPHAEL BLOOM

PRESIDENT

I, _____, hereby resign as _____
(Title)

VETERINARY SALES & SERVICE, INC.

of _____
(Name of Corporation)

PO4000062085

_____, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

2021 JUL 15 PM 4:39

FILED

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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