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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| SUBJECT: Dissolution of Sunshine Veterinary Service, P. |
|---|
| DOCUMENT NUMBER: <u>P05000037448</u> |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Catherine K. Sheffield (Name of Contact Person) |
| (Firm/Company) |
| 31 Westlaun Pl. |
| 31 Westlawn P1. (Address) Palm Coast, FL 32164 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (386) 445-8519 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$\times \text{\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)} |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: |
|---------|--|
| | Sunshine Veterinary Service, P.A. |
| SECOND: | Sunshine Veterinary Service, P.A. The document number of the corporation (if known): PD5D00D37448 |
| THIRD: | The date dissolution was authorized: $8-1-06$ |
| | Effective date of dissolution if applicable: 2-1-07 (no more than 90 days after dissolution file date) |
| FOURTH: | Adoption of Dissolution (CHECK ONE) |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. |
| | ☐ Dissolution was approved by the shareholders through voting groups. |
| · | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: |
| | The number of votes cast for dissolution was sufficient for approval by FIL ALLARY A |
| | (voting group) FOF STATE FORIDA |
| S | (By a director, president or other officer-biblinectors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) |
| · · · - | Catherine K. Sheffield (Typed or printed name of person signing) |
| - | President (Title of person signing) |

Filing Fee: \$35