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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: DISSOLUTION OF COMPORATION	
DOCUMENT NUMBER: POSOOOQ3188	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
HANSEL B. LEAVENGOOD D.V.M. (Name of Contact Person) HIANSEL BIAD LEAVENGOOD D.V.M. P.A (Firm/Company)	
3007 W. CHADIN AVE (Address)	
,	
TAMPA FL 33611 (City/State and Zip Code) For further information concerning this matter, please call:	
For further information concerning this matter, please call: HANSEL LEAVENGOOD at (813-220-5801 72)	
(Name of Contact Person) at (813-220-5801 Pin Number 1) (Area Code) (Daytime Telephone Number 1)	
(Name of Contact Person) (Area Code) (Daytime Telephone Numl	ber)
Enclosed is a check for the following amount:	
\$\sqrt{35}\$ Filing Fee \$\sqrt{\$\$\$\$ \$\sqrt{\$\$\$}\$	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:
	HANGEL BILD LEAVENGOOD DVN PA
SECOND:	The document number of the corporation (if known): POSOOOS3188
THIRD:	The date dissolution was authorized: 12/1/2027
	Effective date of dissolution <u>if applicable</u> : 12 1 2022 (no more than 90 days after dissolution file date) 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.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature: (By a director, president or other officer - if directors 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)
	(Typed or printed name of person signing)
	Paesi Dent (Title of person signing)

Filing Fee: \$35