

P21000049485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

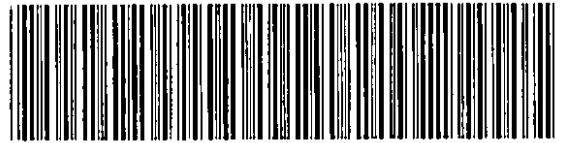
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



200385390502

dissolution with
notice

04/19/22--01014--029 **35.00

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2022 APR 19 AM 10:38

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2022 APR 19 PM 2:25

CLALLAHASSEE, FL 099

A. RAMSEY

APR 20 2022

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SANDBRIDGE VETERINARY CENTER,

P.A.

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

DIVISION OF CORPORATIONS

SUBJECT: SANDBRIDGE VETERINARY CENTER, P.A.

DOCUMENT NUMBER: P21000049485

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER X. PRINCE, DMD

(Name of Contact Person)

SANDBRIDGE VETERINARY CENTER, P.A.

(Firm/Company)

996 FRUIT COVE ROAD

(Address)

JACKSONVILLE, FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

D.Randall Briley

at (904) 285-5299

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

Pursuant to section 607.1401, 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:
SANDBRIDGE VETERINARY CENTER, P.A.

SECOND: The document number of the corporation (if known): P21000049485

THIRD: The file date of the articles of incorporation: 5/25/2021

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

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.)

PETER X. PRINCE, DMD

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

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2022 APR 19 AM 10:38

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: SANDBRIDGE VETERINARY CENTER, P.A.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: April 18, 2022

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Name, address, account number and product or service supplied.

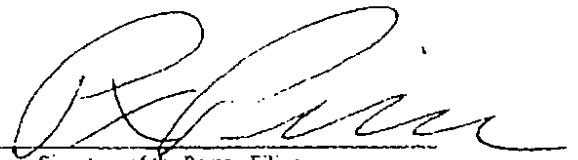
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

996 FRUIT COVE ROAD JACKSONVILLE, FL 32259

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

PETER X. PRINCE, DMD

Printed Name of the Person Filing


Signature of the Person Filing

Fee: **No charge if included with Articles of Dissolution. If filed separately \$35.00**