

P93000063752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

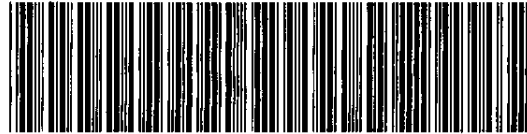
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

10-12-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2011

DANIEL REBMAN
FLORAL CITY ANIMAL CLINIC, INC.
7373 S. BAKER AVE
FLORAL CITY, FL 34436

SUBJECT: FLORAL CITY ANIMAL CLINIC, P.A.
Ref. Number: P93000063752

We have received your document for FLORAL CITY ANIMAL CLINIC, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 811A00022723



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2011

DANIEL REBMAN
FLORAL CITY ANIMAL CLINIC, INC.
7373 S. BAKER AVE
FLORAL CITY, FL 34436

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Ref. Number: P93000063752

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Tina Roberts
Regulatory Specialist II

Letter Number: 811A00022723

October 7, 2011

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

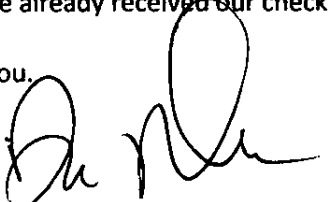
Re: Floral City Animal Clinic, #P93000063752
Letter Number: 811A00022723

To Whom It May Concern:

Enclosed please find **Articles of Dissolution** for the above-mentioned entity and also a copy of your letter dated October 3, 2011 stating our need to change our document accordingly.

You have already received our check totaling \$35.00.

Thank you.


Dr. Dan Rebman

Enclosures: Copy of You Cover Letter
Articles of Dissolution

RECEIVED
11 OCT 11 AM 8:05
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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:

Floral City Animal Clinic, PA.

SECOND: The document number of the corporation (if known): P93000063752

THIRD: The date dissolution was authorized: October 1, 2011

Effective date of dissolution if applicable: _____
(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

(voting group)

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)

Daniel Rebrun

(Typed or printed name of person signing)

Owner, President

(Title of person signing)

FILED
11 OCT 11 PM 3:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fee: \$35