

V21485

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.
Account Number : I19990000255
Phone : (561)844-3700
Fax Number : (561)844-2388

R. WHITE

SEP 11 2018

DISSOLUTION OR WITHDRAWAL
VILLAGE ANIMAL CLINIC, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FILED
2018 SEP 10 AM 6:54
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
18 SEP 10 PM 1:56

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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:

Village Animal Clinic, P.A.

SECOND: The document number of the corporation (if known): V21485

THIRD: The date dissolution was authorized: September 15, 2017

Effective date of dissolution if applicable: September 14, 2018

(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: 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: 5

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)

Michael Berkenblit

(Typed or printed name of person signing)

President

(Title of person signing)

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Filing Fee: \$35

Notice of Corporate Dissolution

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: Village Animal Clinic, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name of Claimant

Amount of Claim

Basis of Claim

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

Village Animal Clinic, P.A.

1010 Morse Blvd.

Riviera Beach, FL 33404

Attn: Michael Berkenblit

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.

Michael Berkenblit PRESIDENT
Printed Name of the Person Filing

M H Berenblit
Signature of the Person Filing

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

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