## 1 L04000045368

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Styletate/2p/ Hone II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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C. LEWIS
DEC 1 3 2010
EXAMINER



**TO:** Registration Section Division of Corporations

SUBJECT: Shaggy Dog LLC	
	Limited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ng this matter to:
Tom Feeney	
(Contact Person)	
(Firm/Company)	
3305 west Cherokee	
(Address)	
tampa fl 33611	
(City/State and Zip Code)	
For further information concerning this m	atter, please call:
tom feeney	at ( 813 ) 431-4676 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	le to the Florida Department of State for: \$55 Filing Fee &
<b> ✓</b> \$25 Filing Fee	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301







## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as i aggy Dog IIc	t appears on the record	s of the Florida Department
2. This limited liab	pility company was organized	under the laws of:	
	ument/registration number of	this limited liability con	mpany is:
·	Name of Person Resigning)  bility company and affirm the	, hereby resign as a limited liability compa	(Prini Lille)
Signature of Res	igning Member, Managing Me	Henry ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		