

L14 000000 3524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

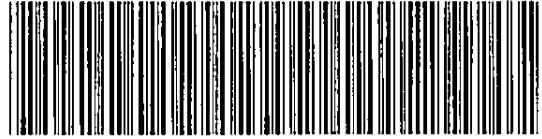
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED
2024 MAY -1 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2024 MAY -1 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

NATURAL CRAVINGS PET TREATS LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



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 _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATURAL CRAVINGS PET TREATS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arturo J. Aballi

Name of Person

AMKE Registered Agents, L.L.C.

Firm/Company

1 SE 3rd Avenue, Suite 2250

Address

Miami, Florida

City/State and Zip Code

cfernandez@aballi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arturo J. Aballi

305

373-6600

at ()

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: NATURAL CRAVINGS PET TREATS LLC.

SECOND: The Florida Document number of the limited liability company is: L14000003524

THIRD: The street address of the limited liability company's principal office is:

1100 NW 7TH STREET

HOMESTEAD, FL 33030

The mailing address of the limited liability company's principal office is:

1 SE 3RD AVENUE, STE 2250

MIAMI, FL 33131

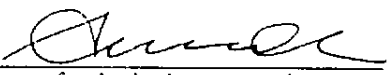
FOURTH: The date the statement of authority became effective is: February 5, 2024

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is
Not applicable.

FILED
2024 MAY -1 AM 9:53
TALLAHASSEE, FLORIDA


Signature of authorized representative

IVAN E. ORLIC TICERAN, General Manager
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)