

LZO 000 320858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

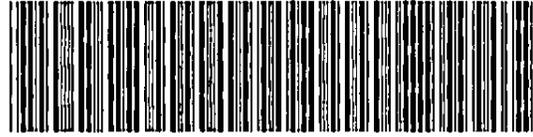
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF MISSISSIPPI
TALMAGE, MISSISSIPPI

O SIMMONS

JAN 14 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cals Alaskan Pet Resort, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Vanessa Malden
(Contact Person)

Cals Alaskan Pet Resort, LLC
(Firm/Company)

20901 NE 12th Avenue
(Address)

Miami, FL 33179
(City/State and Zip Code)

For further information concerning this matter, please call:

Vanessa Malden at (305) 8969672
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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



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SECRETARY OF STATE

FLORIDA DEPARTMENT OF STATE, TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Cals Alaskan Pet Resort, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L20000320858

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Nov 20, 2020

4. I, Abraham Barbosa, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Abraham Barbosa

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)