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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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J. Shivers JUN 1 0 2014

COVER LETTER

TO: Registration Division o	on Section f Corporations		
SUBJECT:	Dissolut	10M.	
DOCUMENT NUI	MBER:	MODOLOGIA	L0600000167
The enclosed Notice	e of Limited Liability (Company Dissolution	and fee are submitted for filing.
Please return all cor	respondence concerning	this matter to the follo	owing:
	Lynn Ca	Contact Person)	
	(Name of (Contact Person)	
	rampa	ered Poa	thes
		n/Company)	
	1651 r	nyvtle Ai	re Su.A.
	(Ac	ldress)	26 1
	Eurek	a CA 99	5501
	(City/Stat	e and Zip Code)	
For further information	tion concerning this mat	ter, please call:	442-9663
Lynn (Contact Person)	at (701)	2 442-9ay 663
(Name of	Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check	for the following amou	nt:	
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy (Additional copy is enclo	□ \$60 Filing Fee, Certificate of Status & sed) Certified Copy (Additional copy is enclosed)
MAILING A Amendment Division of P.O. Box 63 Tallahassee	Section Corporations 327	An Div Cli	REET ADDRESS: nendment Section vision of Corporations flon Building il Executive Center Circle

Tallahassee, FL 32301

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pampered Pownes LLC. (Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lynn Calsse. Pampered Pooches (Firm/Company) 1651 Myrtle Ave #A (Address) Cureka CA 9SSDI (City/State and Zip Code)
For further information concerning this matter, please call: 1400 CUISSE: 707, 442, 6663
(Name of Person) at (VOI) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:

MAILING ADDRESS:

\$25.00 Filing Fee and Certificate of Dissolution

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). Character Charact	1.	The name of a limited liability company is POWN DECEMBER 2000 Ches
Changed to Sole Proprietorship. 5. If there are no members, enter the name and address of the person appointed to wind up the company's	2.	1 121 000012 11-013
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	3.	The delayed effective date the dissolution if not effective on the date of filing:
activities and affairs:	4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). Characteristics of the control of the cover letter
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:	5.	
Signature Printed Name Lynn Caisse	6. ab	\sim /
FILING FEE: \$25.00		FILING FEE: \$25.00