

W06000007423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

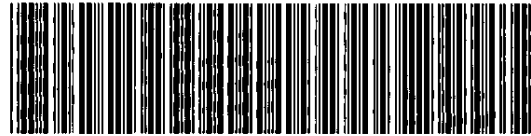
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/07/10--01016--004 **25.00

T. CLINE

JUN - 8 2010

EXAMINE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN - 7 AM 11:06

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sandy Paws LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

N, NAI

(Contact Person)

Sandy Paws LLC

(Firm/Company)

410 Park Ave.

(Address)

Boca Grande, Fl 33921

(City/State and Zip Code)

For further information concerning this matter, please call:

N, NAI

(Name of Contact Person)

at (941) 964-4400

(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

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN -7 AM 11:06

FILED



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

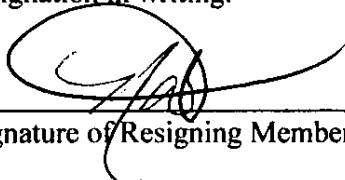
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Sandy Paws LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L06000007423

4. I, N, NAI, hereby resign as a Managing Member
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

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

FILED
2010 JUN -
AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA