Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: INCORP SERVICES INC Account Name

Account Number : 120120000007

Phone

: (702)866-2500

rax Number

: (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT RESIGNATION JOHNNY PETCARE, LLC

0 Certificate of Status Certified Copy 0 03 Page Count \$25.00 Estimated Charge

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01:36:57 p.m. 02-04-2015 2/3 4:50000296443

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:JOHNNY PETCARE, LLC		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L06000093809		
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are	submitted
Please return all correspondence concerning this matter to th	e following:	
Wendy Hefley		
Name of Person		
Incorp Services, Inc.		
Name of Firm/Company		
2360 Corporate Circle, Suite 400		
Address		
Henderson, NV 89074		Ep th
City/State and Zip Code		
processing@incorp.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		AND THE STATE OF T
Incorp Services, Inc./Wendy Hefley at (702	866-2500 ext 6601	
Name of Person Area Code	Daytime Telephone Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

INHS17 (2/14)

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01:37:08 p.m. 02-04-2015 3/3 HISOSOCIONELETETT

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, t	he undersigned,	
Incorp Services,	Inc.	, hereby resigns as	
	Name of Registered Agent	, , , , , , , , , , , , , , , , , , , ,	
Registered Agent for	JOHNNY PETCARE, LLC		ev ene
	Name of Limited Liability Company		
L060000938	809		
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited	liability company at its last known a	ıddress.
The agency is termine	ared and the office discontinued on the 31st		ement is filed.
If signing on behalf o	200	a · 14—	and The same
	Wendy Hefley for Incorp Service	es, Inc.	- EA G
	Typed to Printed Name		
,	Authorized Representative		
	FILING FEES: \$ 85.00 Active limited lie \$ 25.00 Administratively	ability company dissolved/voluntarily dissolved/ ed liability company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)