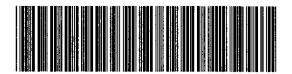
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(Requestor's Name)							
(Address)	_						
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PICK-UP WAIT MAIL							
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(Business Entity Name)	_						
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Certified Copies Certificates of Status	_						
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Special Instructions to Filing Officer:							
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Office Use Only



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FEB 10 2015 N. CAUSSEAUX

COVER LETTER

TO: Registration Services Division of Con			
SUBJECT:	DOG & CO	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	11-	flow Wineg Name of Person	4V
	Do-	Firm/Company	
	4104	9072 Ave E.	
		Address	
		WIST PL 30	1219
	E-mail address: (City/State and Zip Code fan & Hay to be used for future annual report notife	sdagand co. com
For further information of	concerning this matter, please ca	all:	
Affin.	WINLEW of Person	at $\frac{57}{\text{Area Code}}$ $\frac{720}{\text{Daytime}}$	Telephone Number
Enclosed is a check for t	he following amount:		
25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE 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 lin	mited liability company		ecords of the Flo	orida Department
	nent/registration number	assigned to this limit	ed liability com	pany is:
3. The date this mem	ber/manager withdrew/re	signed or will withd	raw/resign is: <u>/</u>	2-31-14
4. I, Dane (Print Nam	ne of Person Resigning)	, hereby with	draw/resign as a	
MGR	rint Title)			
of this limited liabil resignation in writing	ity company and affirm	the limited liability c	ompany has bee	en notified of my
Diare	Winegar		<u></u>	
Signature of Diss	ociating Member or Resi	gning Manager	• • •	200 T
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			B-2 PM 1:0