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(R	equestor's Name)	
(A ₁	ddress)	
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(C	ity/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL.
		
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(B	usiness Entity Na	me)
(D	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer	
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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN
JUN 1 8 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DOGSPLAY, LLC (Name of Limited Liability Co	
(Name of Limited Liability Co	шрану)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	. TAI
MEGAN MCINTOSH	LAR
(Contact Person)	O9 JUN 17 PM 1:17 SECRETARY OF STAT
DOGSPLAY, LLC	EE, OF
(Firm/Company)	FLOR
9240 BROOKWOOD COURT	DE -
(Address)	_
BONITA SPRINGS, FL 34135	
(City/State and Zip Code)	
For further information concerning this matter, please call	:
KAREN ANKNEY at (239	216-4223
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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 of State is: DC	limited liability company a GSPLAY, LLC	s it appears on the records	of the Florida Department
2. This limited liab	vility company was organize	d under the laws of:	
3. The Florida doc L0800001	ument/registration number o 7195	of this limited liability com	npany is:
4. I, SEAN J. N	ICINTOSH	. hereby resign as a	MANAGING MEMBER
(Print Name of Person Resigning)		,,	(Print Title)
of this limited lia resignation in w	bility company and affirm thiting.	he limited liability compar	ny has been notified of my
SA	oor	,	
Signature of Res	igning Member, Managing I	Member or Manager	
Filing Fee: Certified Copy:	• • •		09 JUN 1. SECRETAP