108000099313

(Re	questor's Name)	
(Ad	dress)	,
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations	
SUBJECT: Mad Dog Bats, LLC	
(Name of Limited Liability Con	mpany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Juan Cartagena	_
(Contact Person)	
Mad Dog Bats, LLC	
(Firm/Company)	_
PO Box 536148	_
(Address)	
Orlando, FL 32853	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Juan Cartagena 407	574-8315
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee \$55 Filing	Department of State for: g 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

CR2E079 (2/14)





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 of State is:	limited liability company as it appears on the records of the Florida Department Dog Bats, LLC
2. The Florida docu L08000099313	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 8/31/2016
Pogina Stoins	
MGRM	
	Print Title)
of this limited liab resignation in wri	cility company and affirm the limited liability company has been notified of my
Signature of Luis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)