(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/ZIp/Fildrie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Likity Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

G. MCLEOD JUL 31 2009 EXAMINER



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COVER LETTER

TO: Registration Section					
Division of Corporations					
·					
SUBJECT: BARKS AND BUBBLES BY SUZANNE, LLC					
(Name of Limited Liability Company)					
The enclosed member, managing member or manager resignation and fee(s) are submitted fo filing.					
Please return all correspondence concerning this matter to:					
SUZANNE ALLEN					
(Contact Person)					
BARKS AND BUBBLES BY SUZANNE, LLC					
(Firm Company)					
229 DEL PRADO BLVD N. #7					
(Address)					
CAPE CORAL FL 33909					
(City State and Zip Code)					
(4.1) 4.11 2.1					
For further information concerning this matter, please call:					
SUZANNE ALLEN at (239) 772-3606					
(Name of Contact Person) (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					
CEREFER/COLINIER ARRECO					
STREET/COURIER ADDRESS: MAILING ADDRESS: Positivation Section					
Registration Section Registration Section Division of Corporations Division of Corporations					
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314					
Tallahassee, Florida 32301					

CR2E079 (5 06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	· · · · · · · · · · · · · · · · · · ·	s it appears on the records of the BY SUZANNE, LLC	e Florida Departmen
2. This limited liab FLORIDA	ility company was organize	d under the laws of:	
3. The Florida docu L0900006	-	of this limited liability company	is:
4. I, JASON A.	PLOUFF	, hereby resign as a MG	RM
	ame of Person Resigning) pility company and affirm th	ne limited liability company has	(Print Title)
Signature of Resi	gning Member, Managing I	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ال 99