10000087666

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	y/State/Zip/Phone	· #)
	√ WAIT	MAIL
	☐ WAN	MOIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

B. KOHR
JUL 11 2012
EXAMINER



600236939916

87/02/12--01005--008 **35.00





June 28, 2012

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Four Paws Orlando LLC

To whom it may concern:

Please find enclosed a fully executed "Resignation of Member" form along with our check for \$35.00.

Please return the certified copy to:

James F. Pelley c\o 4 paws Orlando 6817 Dolce Street Orlando, FL 32819

Should you have any questions, please feel free to contact me at 321.332.7434.

Sincerely,

James F. Pelley Managing Member

Encl.

TO BAL -2 PAIN 53



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

	limited liability company as it appears on the records of the Florida Department
2. This limited liab	ility company was organized under the laws of:
	nment/registration number of this limited liability company is:
4. I, <u>Salut</u> (Print N	ame of Person Resigning), hereby resign as a CENTROSWET OND HIM (Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my string. It is a second of the limited liability company has been notified of my string. It is a second of the limited liability company has been notified of my string.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)