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SECRETARY OF STATE

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TAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BARKS AND BUBBLES, (Name of Limited Liability)	Company)
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Bic Wood 13 (Contact Person)	
BEACON ACLOUNTING AND TAX SERVICE (Firm/Company)	SECRETARY OF STATE TALLAHASSEE. FLORIC
3221 Hwy 389 (Address)	RY OF SEE. FI
PANAMA CITY, FL 32405 (City/State and Zip Code)	STATE LORIDA
For further information concerning this matter, please c	all:
Bill Wood 15 at (850) (Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Section 19825 Filing Fee	da Department of State for: \$55 Filing 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 (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:	limited liability company as it appears on the records of the Florida Department BARKS AND BUBBLES, LLC.	ıŧ
2. This limited liab	ility company was organized under the laws of:	
3. The Florida docu	ment/registration number of this limited liability company is: 053893 ACCURTAGE OF THE ACCURATION AND ACCURAT	
of this limited liab resignation in wri	A GIFFORD - WLL I, hereby resign as a MOR WERD - WILL I (Print Migher) oility company and affirm the limited liability company has been notified a my ting.	
Signature of Resi	gning Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	