L1200000 2286

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	Mait Wait	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
-	Office Use On	lv ~



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SECRETARY OF STATE

OCT 20 2014 J. HARRIS

COVER LETTER

TO: Registration Division o	on Section of Corporations					
SUBJECT: Up \	With Dogs, LLC					
	(Name of Limited	Liability Compa	ny)			
The enclosed Artic	les of Dissolution and fee(s) are submitted	for filing.				
Please return all con	rrespondence concerning this matter to the	following:				
G	eoff Ziebart					
_	(Name	of Person)				
(Firm/Company)						
11	010 Seminole Drive, APT 1612					
-	(Ad	dress)				
F	ort Lauderdale, FL 33304					
	(City/State a	and Zip Code)				
For further informa	tion concerning this matter, please call:					
Geoff Z	liebart	202 at (271-2321			
	(Name of Person)	(Area C	ode & Daytime Telephone Number)			
Enclosed is a check for	or the following amount:					
\$25.00 Fili	ng Fee and Certificate of Dissolution		g Fee, Certificate of Dissolution & lopy (additional copy is enclosed)			
N	AAILING ADDRESS:	STR	EET/COURIER ADDRESS:			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	Articles of Organization ument number L120000		y 1, 2012	and assigned			
	ument number L120000	02286		<u> </u>			
docı		-	_				
3. The	3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing						
4. A de 605.0	escription of occurrence tl 0707, Florida Statutes, (co	nat resulted in the limit opy 605.0707 on back	ted liability company's cover letter).	dissolution pursuant to section			
Dec	ided to not move forv	vard with the busin	ess at this time.				
		_					
	ere are no members, enter	the name and address	of the person appointe	d to wind up the company's			
6. Sign listed al	ature of an authorized per boveltd wind up the comp	rson or if there are no itany's activities and af	members, the signature fairs:	of the person appointed and			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/					
	Signature	_V	Geoffrey C. Zieba	ed Name			

FILING FEE: \$25.00