## L12000070030

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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## COVER LETTER

TO: Registration Section Division of Corporations Old Dog Moto Works, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: David Chesterley (Contact Person) Old Dog Moto Works LLC (Firm/Company) 330 Andalusia Ave Unit 3 (Address) Ormond Beach FL32174 (City/State and Zip Code) For further information concerning this matter, please call: David Chesterley (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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## 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)

	Dog Moto Works	as it appears on the records of the	Florida Department
2. The Florida doc L12000070030		assigned to this limited liability of	company is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is	s:12/31/14
4. I, (Print Name of Person Resigning)		, hereby withdraw/resign	as a
Member	name of rerson nesigning)		
	(Print Title)		
of this limited lia resignation in wr		the limited liability company has	been notified of my
Qui (	· lasterley		
Signature of D	issociating Member or Resi	igning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		