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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	<u>.</u>
(Cit	y/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		Roser

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COVER LETTER

Division of Corporations
SUBJECT: K9 WORK UNG DOGS LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
(Contact Person)
(Firm/Company)
7065 Brighton DAKS Blud (Address)
NAVARRE TL 32566. (City/State and Zip Code)
For further information concerning this matter, please call:
Dougla's Britoniau at (850) 498-5222 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

STREET/COURIER ADDRESS:

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

TO: Registration Section

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

THE RESERVE TO SERVE TO SERVE

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

	imited liability company as it		-
of State is:	K9 WORKING	SDOGS LLC	
	ity company was organized u		
	ment/registration number of t	•	pany is:
<u>L1200</u>	7877010	 ·	
4. I, DOUGLAS (Print Nat	BRINGMAN'S me of Person Resigning)	, hereby resign as a _	MGRM (Print Title)
of this limited liabi	ility company and affirm the ing.	limited liability compan	y has been notified of my
(Mu Bu	Muaus.		
Signature of Resig	ning Member, Managing Me	mber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		