

L12000107787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

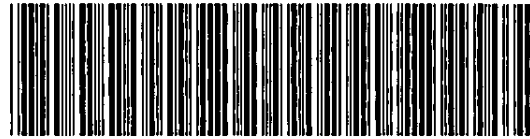
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500247338215

04/30/13--01028--031 **85.00

FILED
13 APR 30 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 1 - 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: K9 WORKING DOGS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000107787

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS BRINGMAN
Name of Person

K9 WORKING DOGS LLC
Name of Firm/Company

7065 Brighton Oaks Blvd
Address

Nawarre, Florida 32566
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS BRINGMAN at (850) 499-5222
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,


DOUGLAS BRINGMAN, hereby resigns as
Name of Registered Agent

Registered Agent for K9 WORKING DOGS LLC
Name of Limited Liability Company

L12000107787
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
13 APR 30 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**