

L12000149912

Deborah Eyles

(Requestor's Name)

225 Burt Ridge

(Address)

(Address)

Hamers, Fla.

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

443-0945.

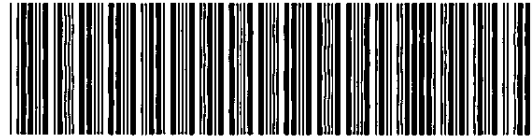
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

OCT 11 2013

D. PRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barkingly Good Treats LLC.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Deborah Eyer
(Contact Person)

Barkingly Good Treats LLC
(Firm/Company)

225 Bert Ridge Rd.
(Address)

Hamana, Fla 32333
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 OCT 11 PM 3:33

APPROPRIATE
FILED

For further information concerning this matter, please call:

Deborah Eyer at (850) 445-0945
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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:

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



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 limited liability company as it appears on the records of the Florida Department of State is: Barkingly Good Treats LLC

2. This limited liability company was organized under the laws of:

The State of Florida.

3. The Florida document/registration number of this limited liability company is:

L12000149912

4. I, Shanda Turner, hereby resign as a managing member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Shanda Turner

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

SECRET
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

13 OCT 11 PM 3:35

APPROVED
FILED