(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: PENSIACINI Mobile K9 Jean in LLC Name of Limited Liability Company
DOCUMENT NUMBER: 4/3 0000 742 YO
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:
EDWAID T. ANTONIETTI Name of Person
Elward T ANTON'E TT: E.A. Name of Firm/Company
7224 CONSTORS ST
New Port Bicher Fl 3465K City/State and Zip Code
5A/ES @ Pendrason Acies (on E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ESwar J. Autonitii at (737) 889-0708 Name of Person at (737) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,		
EDWARD T. $\overrightarrow{PNION} = 77$; hereby resigns as Name of Registered Agent D. \overrightarrow{O} \overrightarrow{M} \overrightarrow{I} $$		
Name of Registered Agent		
Registered Agent for PEN Janson Mobile K9 TRAINING	4	<u>c</u>
Name of Limited Liability Company		,
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability company at its last known	addres	s.
The agency is terminated and the office discontinued on the 31st day after the date on which this sta	atemeni	is filed.
Signature of Resigning Agent		
If signing on behalf of an entity:		
	_	9
Typed or Printed Name		SECRET
Capacity		FAR:
	PM 4: 29	EU 7 OF STATE ORPORATIONS
FILING FEES:		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company		S

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

4