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Registration Section

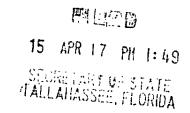
Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

Division of Corporations Florida Animal Career Training School 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: Cindy Wasserman DVM (Contact Person) (Firm/Company) 2024 Jacaranda Ave. (Address) Fort Pierce, Florida 34949 (City/State and Zip Code) For further information concerning this matter, please call: 973 809-4586 Cindy Wasserman (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314





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)

Flori	limited liability company as da Animal Career Training	it appears on the records of the Florida Department School LLC
2. The Florida docu L13000103870	_	signed to this limited liability company is:
Cindy Wasse	rman	gned or will withdraw/resign is:, hereby withdraw/resign as a
Managing Me		√
resignation in wri	iting.	e limited liability company has been notified of my
	SSOCIATING Member or Resign	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	