

U3000 124640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

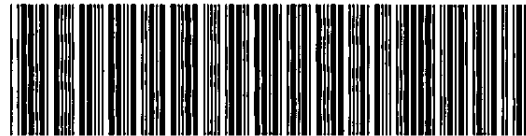
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500263708535

09/02/14--01008--005 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP -2 PM 4:40

SEP 10 2014
T. CARTER

Member Resign

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REMEMBMYPET LLC

(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:

(Contact Person)

FL PRESTIGE SERVICES LLC

(Firm/Company)

121 GINGER RD

(Address)

VENICE, FL 34293

(City/State and Zip Code)

For further information concerning this matter, please call:

SVATKA JURINOVA

(Name of Contact Person)

941
at ()

323-8392

(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



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

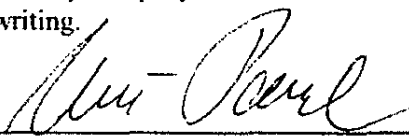
14 SEP -2 PM 4:1

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: REMEMBMYPET LLC
2. The Florida document/registration number assigned to this limited liability company is:
L13000124640
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/26/2014
4. I, PAVEL VECERA, hereby withdraw/resign as a
(Print Name of Person Resigning)
MGRM (MANAGING MEMBER)
(Print Title)

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

X 
Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP -2 PM 4:40