L14000104409

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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09/05/14--01022--013 **25.00

10/m/8/m/ 10/11/14

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lucky Dog 411 LLC
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Articles of Interest Exchange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Name of Person
∼
Firm/Company
301 Clematis St #3000 Address
City/State and Zip Code City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (561) 779 0175 Area Code Daytime Telephone Number
Name of Person / Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassas Florida 22214

Important Notice: If the interest exchange involves a limited liability company, as a condition of the interest exchange pursuant to s. 605.0212 (11), F.S. each party to the interest exchange must be active and current through December 31 of the calendar year the interest exchange being submitted to the Department of State for filing.

CR2E134 (7/14)

Tallahassee, Florida 32301





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)

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1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: Luck	ky # og 411 LLC
2. The Florida docu L1400010440	ument/registration number assigned to this limited liability company is: 9
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I,	, hereby withdraw/resign as a
(Print N	'ame of Person Resigning)
MGR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	m
Signature of Di	ssociating Member or Resigning Manager
_	
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)