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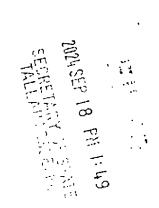
| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

| ·, | TO: Registration Section Division of Corporations | | | |
|--|---|--|--|--|
| | SUBJECT: The Prancing Puppy Pet Salon 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: | | | |
| | Raslyn King (Contact Person) | | | |
| The Prancing Puppy Pet Salon LLC Trim/Company) 1913 NE 14th St. Unit 102 (Address) | | | | |
| | | | | |
| | For further information concerning this matter, please call: | | | |
| | For further information concerning this matter, please call: Roslyn King at (352) 789 - 339 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | |
| | Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \$55 Filing Fee & Certified Copy \$55 Filing Fee & Cert | | | |
| | Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee | | | |

P.O. Box 6327

Tallahassee, FL 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)

| mited liability company as | : | 1 0.1 (0) 11 (0) |
|----------------------------|--|---|
| inted habiney company as | n appears on the record | ds of the Florida Department |
| Prancing Puppy Pe | t Salon U.C. | · |
| ent/registration number as | signed to this limited li | iability company is: |
| 252 | • | |
| ber/manager withdrew/resi | gned or will withdraw/ | /resign is: <u>Sept. 16, 2024</u> |
| | , hereby withdraw | /resign as a |
| ger int Title) | | |
| | e limited liability comp | oany has been notified of my |
| M Howard | . | 2024 SEP 18 SECRETARI |
| ociating Member or Resign | ning Manager | ECRETAR |
| | | |
| | ber/manager withdrew/resi Howard in of Person Resigning) ity company and affirm the ag. M. Howard M. Howard | in of Person Resigning) Solution Title) ity company and affirm the limited liability company. M. Howard ociating Member or Resigning Manager \$25.00 (Required) |