11/13/2017

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H170002986713)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : 120120000055

Phone : (407)898-1757

Fax Number

: (407)897-5336

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### PET SOCIETY PET PRODUCTS LLC

Certificate of Status	0
Certified Copy	0
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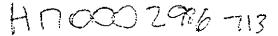
Help

#### **COVER LETTER**

TO: Registration Section Division of Corporations	:
PET SOCIETY PET PRODUCTS LLC	· ·
(Name of Limited Liability C	ompany)
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	o: ·
LAILLA OLIVEIRA	:
(Contact Person)	
ACCOUNT BOOKKEEPING CORP	17 MOV 13 ECRETAN) LI AHASSI
(Firm/Company)	N N N N N N N N N N N N N N N N N N N
5301 CONROY RD STE 140	SET OF A CO
(Address)	To a series
ORLANDO, FL 32811	: J 2 DRID ORID
(City/State and Zip Code)	= · · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please cal	11:
LAILLA OLIVEIRA 407	898-1757
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  \$\mathbb{E}\$ \$25 Filing Fee  \$\mathbb{G}\$ \$55 Filing	a Department of State for: ing Fee & Certified Copy
	: :
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section
Registration Section Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

H 17000 2986713

CR2E079 (2/14)





## 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:	As ⊥
2. The Florida document/registration number assigned to this limited liability co	Z Z
	mpan NOV 13
L15000137445	SSE 7
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	11/08/2017
TRIPLE A BUSINESS DEVELOPMENT LL, hereby withdraw/resign as	7: 12 SIAI LORIII
4. I,, hereby withdraw/resign as, nereby withdraw/resign as	57
MEMBER .	· .
(Print Title)	t 
of this limited liability company and affirm the limited liability company has be resignation in writing.	icen notified of my
Signature of Dissociating Member or Resigning Manager	
•	
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	j
CR2F079 (2/14)	!

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