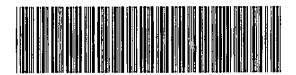
16 000023853

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pets 5th Ave, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L16000023853
DOCUMENT NUMBER:
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at (800 773-0888
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5. Florida Statutes, the under	signed.	
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as		
			Hereby resigns as	
Registered Agent for P	ets 5th Ave, LLC	.		
	Name of Lin	nited Liability Company		<u> </u>
L16000023853				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the a	above listed limited liability o	company at its last known ac	idress.
The agency is terminated	d and the office disco	ntinued on the 31st day after	the date on which this state	ment is filed.
		Signature of Resigning Agent		
If signing on behalf of a	n entity:	Signature of Resigning Agent		
	Cheyenne Moseley			20%
	T	yped or Printed Name	· ·	:: <u>-</u>
	Asst. Secretary for United States Corporation Agents, Inc.		ents, Inc.	<u> </u>
		Capacity		9
				90 at 14%
				11:
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liabilit	mpany d/ voluntarily dissolved/ y company	90

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314