Mecoco 960481

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	_
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
	500 Azz	
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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FILED
2019 FEB 25 AM 9: 48
SECRETARY OF STATE
SECRETARY OF STATE

X:361/2

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Doggie Doo's Pet Salon LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie Shafer				
(Name of Person)	-			
(Firm/Company)				
8090 Greenbrier Court				
(Address)				
Spring Hill, FL 34606				
(City/State and Zip Code)	TESS I	2019 FEB 25		
For further information concerning this matter, please call:	EF, F	A		
Jamie Shafer816 _ 260-3637	CHRO 31VIS	94 :6		
(Name of Person) (Area Code & Daytime Telephone Num	nber)			
Enclosed is a check for the following amount:				

\$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

APPROVED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Ι.	The name of a limited liabil Doggie Doo's Pet Salon LLC	ity company is				
2.	The Articles of Organization	were filed on 05/17	/2016	_ and assigned	- 1 1	
	document number L1600009	6481				
3.		nis block does not meet	the applicable statutory filing re	locument is received		
1.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the li copy 605.0707 on ba	mited liability company's dis ck cover letter).	ssolution pursua	int to se	ection
					141.14 140.38	2019 FE
5 .	If there are no members, ent	er the name and addr	ess of the person appointed t	a wind un the d	dminany	F 52 83.
	activities and affairs:	Jamie Shafer				<u>∓</u> yo
		8090 Greenbrier Cou	n .			
		Spring Hill, FL 3460	6			<u>-</u>
						_
	Signature of an authorized p ted above to wind up the con			the person appo	ointed a	nd
1	anie m. 87	des	Jamie M. Shafer			
Signature /		Printed	Name			

FILING FEE: \$25.00

APPROVEL AND FILED