L16000126850

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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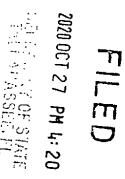


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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: My Furrst Love Pet Care 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:
Paula 7. Cooper (Contact Person)
My Furgit Love Pet Care ILC (Firm/Company)
13209 Minshull Pt (Address)
Orlando, FL 32832 (City/State and Zip Code)
For further information concerning this matter, please call:
Paula P. Coo Pev at (321) 2+6-7971 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: My Furrst Love Pet Care, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L 16000126850
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/1/2020
4.1. Paula P. Coofer hereby withdraw/resign as a (Print Name of Person Resigning)
OWALK (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Paule P. Cooper
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)