

L170000 49901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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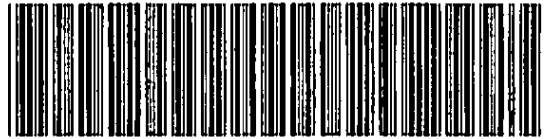
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
MAR - 7 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Glamour Paws of Florida, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 1.17000049901

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:

Luca Di Nunzio

Name of Person

Dorcey Law Firm, PLC

Name of Firm/Company

10181 Six Mile Cypress Pkwy, Suite C

Address

Fort Myers, FL 33966

City/State and Zip Code

support@dlfregisteredagent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luca Di Nunzio

Name of Person

at (239) 308-1073
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DLF Registered Agent Service, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Glamour Paws of Florida, LLC

Name of Limited Liability Company

L17000049901

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

DocuSigned by:

Michael A. Scott

2E9A8DE1952A14AB

Signature of Resigning Agent

If signing on behalf of an entity:

Michael A. Scott

Typed or Printed Name

Manager

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

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