

L17000049901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

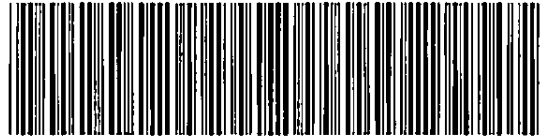
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400431143844

05/13/24 -01011--024 **50.00

FILED
2024 JUN 13 PM 4:22
CLERK OF CIRCUIT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLAMOUR PAWS OF FLORIDA, 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:

Michael A Scott, Esq

(Contact Person)

The Dorcey Law Firm, PLC

(Firm/Company)

10181 Six Mile Cypress Parkway, Suite C

(Address)

Fort Myers, FL 33966

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael A Scott

at (239) 418-0169

(Name of Contact Person)

(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:

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLAMOUR PAWS OF FLORIDA, 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:

Michael A Scott, Esq

(Contact Person)

The Dorcsey Law Firm, PLC

(Firm/Company)

10181 Six Mile Cypress Parkway, Suite C

(Address)

Fort Myers, FL 33966

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael A Scott

at ²³⁹ () ⁴¹⁸⁻⁰¹⁶⁹

(Name of Contact Person)

(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:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2024 JUN 13 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: GLAMOUR PAWS OF FLORIDA, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000049901
3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
4. I, Sonia S. Schmidt, hereby withdraw/resign as a
(Print Name of Person Resigning)
Purchasing Manager & Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:
Sonia Schmidt
737C83607FC74FF

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)