

	(Requestor's Name)
,	(Address)
j.	
	(Address)
Ī	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
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Ŋ	(Business Entity Name)
	(Document Number)
ertified Copies	Certificates of Status
ी Special Instruction	s to Filing Officer:
:	
	Office Use Only



12/08/17--01014--021 **25.00



COVER LETTER .

TO:	_	stration Section of Cor						
SUB.	JECT:	W00F	GANG	BAKEKY	&_	GROOMING	morse	BUD, LLE
4			(Name of Limite	d Lial	oility Company)		
<u>,</u> , i						10.4		
The e	enclosed	l member,	resignatio	n or dissociat	ion a	nd fee(s) are subn	nitted for file	ing.
Pleas	e return	all corresp	oondence o	concerning th	is ma	itter to:		
Ì		KUBENS	cam	POS				
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	Į.	(City	/State and Zip	p Code)				
For fi	urther in	ıformation	concernin	ng this matter.	, plea	se call:		
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	3 /NI					<u>407</u>) <u>42</u> ea Code & Daytim		
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Enclo	os e d nte	ase find a	check mad	le navable to	the F	lorida Departmen	t of State for	
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		Corporation	ns				of Corporat	ions
	on Build		C!1:			P.O. Box		22214
		ive Center				Tallahas	see, Florida	32314
ralia	nas ș ee,	Florida 32	301					

CR2E079 (2/14)



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)

r	
1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	WOOF GANG BAKERY & GROOMING MORSE BLVD, WE
2. The Florida docu	ment/registration number assigned to this limited liability company is:
82 14141	<u>94</u>
	mber/manager withdrew/resigned or will withdraw/resign is: 11 30 201
4. I. CAMILE (Print N	SCANFERLA APAUJO, hereby withdraw/resign as a ame of Person Resigning)
PA	RTNER .
	(Print Title)
	pility company and affirm the limited liability company has been notified of my
resignation in wr	ting.
Com	le leanferla Chaugi
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)