117000150978

	 	
(Re	equestor's Name)	
		-
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
	usiness Entity Nan	ne)
(8)	usiness Emity Nan	ne)
(Di	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
,	J	

Office Use Only



700317000277

08/15/18+-01022--001 **25.00

FILED

18 AUG 15 PN 3: 55

18 AUG 15 PN 3: 55

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Raw. Bisho Company) (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:
Tampul Coleman (Contact Person)
Bark Bist Company
1500 S Powerline Rd Unit C Decrhield Beach 33th
Perfield Black FL 33442 (City/State and Lip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (454) 1043 · 6853 (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \text{S55 Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER ROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY.

(Pursuant to 605.0216, Florida Statutes)

1. The name of the lir	第二、劣 mited liability company as it appears on the records of the Florida Department
12	ank Bistro Company
2. The Florida docum	ent/registration number assigned to this limited liability company is:
L170001:	50978
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is:
4. I. <u>) UN 1. (k</u> (Print Nam	e of Person Resigning), hereby withdraw/resign as a
<u> </u>	int Tites
of this limited liabil resignation in writin	ity company and affirm the limited liability company has been notified of myng.
obly IM	\mathcal{N}
V Signature of Disso	ociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

From: Bark Bistro barkbistrocompany@gmail.com

Subject: Dissolution Agreement Date: June 17, 2018 at 3:22 PM

To: Sophia Theodore sophia1079@aol.com

The Partnership Dissolution Agreement is made and entered into June 17th, 2018 by and between the following parties:

Sophia Theodore, located at the following address:

Address:

Tamara Coleman, located at the following address:

Address:

21218 St Andrews Blvd #655 Boca Raton, FL 33433

Partners agree that effective 6/17/2018 that Bark Bistro Company, LLC of Florida partnership between Sophia Theodore and Tamara Coleman has been dissolved with Tamara Coleman owning 100% of Bark Bistro Company, LLC it's intellectual property, bank account, and equipment.

Partners agree that effective 6/17/2018 to indemnify and hold harmless Sophia Theodore, the liquidating Partner, from any liability, claims, damages, losses, debts or any obligations of any kind incurred by Bark Bistro Company, LLC.

Partners agree that effective 6/17/2018 Sophia Theodore will be removed as a managing partner from Sunbiz Articles of Incorporation.

Partners agree that effective 6/17/2018 Sophia Theodore will be removed from the Suntrust Business Bank Account for Bark Bistro Company, LLC and holds no responsibility to any fees, losses, or debt incurred by Bark Bistro Company, LLC.

Sophia Theodore

Signature:

Tamara Coleman

Signature:

