L18000080440

(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



400359845054

02/22/21--01035--012 **25.00

APR 0 7 2021 R. HUNT

COVER LETTER

•	stration Section ion of Corporations				
SUBJECT:	Boots N Catz, LLC				
	(Name of Limited Liability Company)				
The enclosed	member, resignation or dissocia	ation and fee(s	s) are submitted for filing.		
Please return	all correspondence concerning t	his matter to:			
Nathan Gre	een				
	(Contact Person)	<u>.</u>	-		
Boots N Ca	tz, LLC				
****	(Firm/Company)		_		
5630 Brook	dale Way				
	(Address)		_		
Tampa, FL	33625				
	(City/State and Zip Code)		_		
For further information concerning this matter, please call:					
Nathan Gre	en	813 at (451-0322		
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \\$25 \text{ Filing Fee} \square \\$55 \text{ Filing Fee & Certified Copy}\$					
Registration Division of C Clifton Build 2661 Executi	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

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)

The name of the limited liability company as it app of State is:	·
2. The Florida document/registration number assigned L18000080440	to this limited liability company is:
3. The date this member/manager withdrew/resigned of the state of the	
4. I, (Print Name of Person Resigning)	hereby withdraw/resign as a
Manager	
(Print Title)	
of this limited liability company and affirm the limit resignation in writing.	ed liability company has been notified of my
Signature of Dissociating Member or Resigning M	lanager
	_

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: