418000097657

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
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(Docu	ıment Number)	
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2021 APR -2 AH 11: 45

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Just Four Dogs, LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000087657 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitt for filing.	
DOCUMENT NUMBER: L18000087657 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted.	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitt	
-	ed
Please return all correspondence concerning this matter to the following:	
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Giendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	ۇ. ئاسىلىسى
800 773-0888	** **
Name of Person Area Code Daytime Telephone Number	. 4 4
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limite liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawnili liability company.	ر _{بید} d mited
MAILING ADDRESS: STREET ADDRESS:	
Registration Section Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida S	tatutes, the undersigned,	
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as	
Registered Agent for Just Four Dogs, LLC			_
<u> </u>			_,
	Name of Limited Liability	Company	
L18000087657			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed	limited liability company at its last known address	S .
	Signature of	the 31st day after the date on which this statement Resigning Agent	is filed.
If signing on behalf of a	an entity:	_	~
	Cheyenne Moseley	TA	2021 APR
	Typed or Printe	d Name	
	Asst. Secretary for United States	s Corporation Agents, Inc.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	FILING FEES: \$ 85.00 Active lit \$ 25.00 Administ	• • • • • • • • • • • • • • • • • • • •	

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

withdrawn limited liability company