118000110858

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Consideration to Silico Office |
| Special Instructions to Filing Officer. |
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Office Use Only



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10/23/23--01020--032 **25.00

TALLAHASSEE, FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Pet Loven Fore (Name of Limited Lia | everz, LLCability Company) |
| The enclosed member, resignation or dissociation | and fee(s) are submitted for filing. |
| Please return all correspondence concerning this m | natter to: |
| Belkis Escubar (Contact Person) | |
| BUL_ (Firm/Company) | |
| | |
| 8012 Royal Cir Labe | <u>lle F</u> /33935 |
| Labelle Fl 33935 (City/State and Zip Code) | |
| For further information concerning this matter, ple | ase call: |
| Belkic Ecobar at ((Name of Contact Person) (A | 954) 544 8066 Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$25 Filing Fee \$25 Silvers \$25 Filing Fee | Florida Department of State for: 355 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

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 api | pears on the records | of the Floric | la Dena | artmeni |
|---|--|--------------------|------------------------|---------------|-------------|---------|
| - | | E Forever | | | | |
| 2. The Florida docu | iment/registratio | on number assigne | d to this limited liab | oility compar | ny is: | |
| 83-05 | 516536 | L18000 | 110858 | | | |
| 3. The date this me | mber/manager v | vithdrew/resigned | or will withdraw/re | esign is: | 1/18 | 123 |
| 4.1. Gelitz (Print N | <u>e</u> <u>Oon 20</u> ame of Person Resi | Jez igning) | hereby withdraw/re | esign as a | | |
| <u> </u> | Print Title) | , | | | | |
| of this limited lial resignation in wr | | and affirm the lim | ited liability compar | ny has been r | notified | lofmy |
| | Justing! | | | TÄLLAHÄSSEE | 2023 OCT 23 | |
| Signature of Di | ssociating Mem | ber or Resigning | Manager | AHAS |)CT 2 | |
| Filing Fee: Certified Copy: | - | | | SEE. FLORIO | | |