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(Requestor's N	lame)
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SECRETARY OF STATE
TALLAHASSEE FLORINA

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Trinity Pet Sitters LLC	
	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Craig P. Weidman	
(Contact Person)	
Trinity Pet Sitters LLC	
(Firm/Company)	
9221 Green Pines Ter.	
(Address)	
New Port Richey, FL 34655	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Craig P. Weidman	at (727) 359-9518
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida Department of State for:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 appears on the records of the Florida Departmen
of State is: Trinity Pet Sitters LLC
2. The Florida document/registration number assigned to this limited liability company is:
£18000160765
3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 10, 2018
4. I, Toni Weidman , hereby withdraw/resign as a (Print Name of Person Resigning)
AMBR
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
You Weedwan
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)