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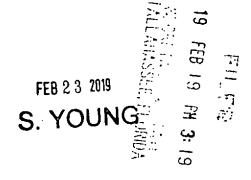
(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PP+ Coust Daygy Do (Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
April Hall (Contact Person)	
(Firm/Company)	
618 Wellwood in	_
(Address) Palm Coust, Fc 32164 (City/State and Zip Code)	_
(City/State and Zip Code) For further information concerning this matter, please call	:
April Han at 386	, 643-6648
(Name of Contact Person) (Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$\sqrt{2}\$\$ \$\sqrt{2}\$\$ \$\sqrt{2}\$\$ Filing Fee \$\sqrt{5}\$\$ \$\sqrt{5}\$\$ Filing	Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

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)

1. The name of the	limited liability c	ompany as it a	ppears on the re	cord	s of the Flori	da Dep	artment
of State is: Pt	Et Coast	Doggy	Daycare	4	Burd	<u>~ }</u>	LLC.
2. The Florida docu	ument/registration	number assig	ned to this limite	ed lia	bility compa	ıny is:	
L1800	002019	43					
3. The date this me	mhar/managar wi	thdraw/reciona	 ed or will withdr	aw/r	acion is:	1/13/	PI
5. The date this me	inder/manager wi	murew/resign	ed of will withdi	aw/I	esigii is. <u> —</u>	<u> </u>	
4. I, <u>Cyris</u>	Bame of Person Resign	nina)	_, hereby withd				
W()		ung					
	(Print Title)	·					
- Callin Himsia - d Him	bility company an	J - CC Al 11	andread Hambilton and				-
		d allirm the in	mited hability co	mpa	iny nas been	noune	a or my
resignation in wr	iting.				<u>=</u>		<u> </u>
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Wym	M					`	10 T
Signature of Di	ssociating Member	er or Resigning	g Manager	-	7]. <u>=</u>	₽ 3
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Filing Fee:	\$25.00 (Requi	red)					
Certified Copy:	\$30.00 (Optio	nal)					