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COVER LETTER

TO: Registration Section Division of Corporations	•		
The Canine Holist LLC SUBJECT:			
Name of Limited (Liability Company		
DOCUMENT NUMBER: L18000240453			
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted		
Please return all correspondence concerning this mat	ter 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			
Glendale, CA 91203			
City/State and Zip Code			
raresignations@legalzoom.com			
E-mail address: (to be used for future annual report notifi	cation)		
For further information concerning this matter, pleas	se call:		
80 at (0 \ 773-0888		
Name of Person Are	ea Code - Daytime Telephone Number		
Enclosed is a check made payable to the Florida Derliability company or \$25.00 for an administratively cliability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		

Division of Corporations

Tallahassec, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florid	la Statutes, the under	signed.	
United States Corporation Agents, Inc.			, hereby resigns as	
	Name of Registered Agent	·	neredy resigns to	1351. Fucib
Registered Agent for _	The Canine Holist LLC			
				<u></u>
	Name of Limited Liab	ility Company		
L18000240453				15 III 7: 19
Document 8	Jumber, if known			: O
A copy of this resignat	ion was mailed to the above lis	sted limited liability o	ompany at its last knov	vn address.
	Signatu	re of Resigning Agent		
If signing on behalf of	an entity:			
	Cheyenne Moseley			
	Typed or P Asst. Secretary for United S	rinted Name	ente lac	
	Capacital y loi Officed S			
	FILING FEES: \$ 85.00 Activ \$ 25.00 Admi with	e limited liability co nistratively dissolve drawn limited liabili	mpany d/ voluntarily dissolve ty company	ct/

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