

L18000 278 459

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

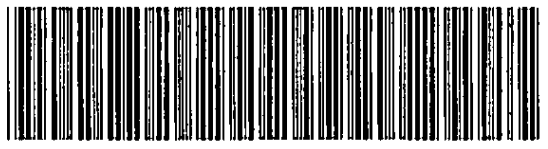
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Resignation

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**FOLLOW PAWS, LLC**

**SUBJECT:** \_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**JAIME ORTIZ**

\_\_\_\_\_  
(Contact Person)

**FOLLOW PAWS, LLC**

\_\_\_\_\_  
(Firm/Company)

**7520 NW 104 AVE SUITE 103-190**

\_\_\_\_\_  
(Address)

**DORAL, FL 33178**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**JAIME ORTIZ**

**305 487-0475**

\_\_\_\_\_  
(Name of Contact Person)

at (\_\_\_\_\_) \_\_\_\_\_  
(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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 Department  
**FOLLOW PAWS LLC**  
of State is: \_\_\_\_\_

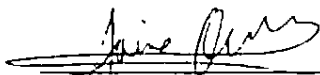
2. The Florida document/registration number assigned to this limited liability company is:  
**L18000278459**  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **3/27/2019**  
\_\_\_\_\_

4. I, **JAIME ORTIZ**, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
**MGRM**

\_\_\_\_\_  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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**2019 NOV 20 PM 1:59**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA